

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CLEVELAND SOCIETY FOR THE BLIND</b>		<b>D</b> Employer identification number <b>34-0714652</b>
	Doing Business As <b>CLEVELAND SIGHT CENTER</b>		<b>E</b> Telephone number <b>(216) 791-8118</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1909 EAST 101ST STREET</b>		<b>G</b> Gross receipts \$ <b>21,328,137.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CLEVELAND, OH 44114</b>		
<b>F</b> Name and address of principal officer: <b>KEVIN R. KRENCISZ, CPA, 1909 EAST 101ST STREET, CLEVELAND, OH 44106</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: <b>CLEVELANDSIGHTCENTER.ORG</b>		If "No," attach a list. (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
		<b>L</b> Year of formation: <b>1906</b> <b>M</b> State of legal domicile: <b>OH</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE AGENCY PROVIDES SERVICES FOR PEOPLE WHO ARE BLIND AND VISUALLY IMPAIRED.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>67</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>67</b>	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>208</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>748</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 6,662,179.	<b>Current Year</b> 2,789,261.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,374,258.	1,854,628.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,789,284.	6,919,099.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,612.	38,229.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,871,333.	11,601,217.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,262,007.	6,227,922.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>645,618.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,078,027.	2,127,700.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,340,034.	8,355,622.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,531,299.	3,245,595.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 92,249,877.	<b>End of Year</b> 95,210,546.
	<b>21</b> Total liabilities (Part X, line 26)	2,543,090.	1,660,669.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	89,706,787.	93,549,877.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>KEVIN R. KRENCISZ, CPA, CGMA, MBA, CHIEF FINANCIAL OFFICER</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMPOWER PEOPLE WITH VISION LOSS TO REALIZE THEIR FULL POTENTIAL, AND TO SHAPE THE COMMUNITY'S VISION OF THAT POTENTIAL.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,125,702. including grants of \$ ) (Revenue \$ 313,688.) CHILDRENS SERVICES PROGRAMMING: INFANTS TO PRESCHOOLERS LEARN COMPENSATORY TECHNIQUES TO DEVELOP SKILLS IN COMMUNICATION, INDEPENDENCE, AND MOVEMENT. SCHOOL-AGE CHILDREN ARE SERVED BY OUR CASE MANAGEMENT PROGRAM, HELPING FAMILIES ACCESS NEEDED RESOURCES AND LEARN ADVOCACY SKILLS. YOUNG ADULTS UP TO AGE 23 ACCESS PRE-EMPLOYMENT SKILLS TRAINING (12,461 HOURS)

4b (Code: ) (Expenses \$ 1,115,206. including grants of \$ ) (Revenue \$ 223,524.) EMPLOYMENT SERVICES: ASSISTANCE IN JOB READINESS, JOB SEARCH, AND EMPLOYMENT SKILLS. PROGRAM OFFERINGS INCLUDE SUPPORTED EMPLOYMENT, CUSTOMER SERVICE TRAINING, AND THE BUSINESS ENTERPRISE PROGRAM FOR EMPLOYMENT IN THE FOOD SERVICE INDUSTRY.(4,258 HOURS)

4c (Code: ) (Expenses \$ 855,403. including grants of \$ ) (Revenue \$ 51,292.) CASEWORK & SOCIAL SERVICES: PROVIDES ASSESSMENT, INTERVENTION, ADVOCACY, AND REFERRAL SERVICES TO ALL CLIENTS. ASSISTS CLIENTS IN NAVIGATING NETWORKS TO MEET INDIVIDUAL NEEDS. (4,185 HOURS)

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,530,565. including grants of \$ ) (Revenue \$ 1,909,521.)

4e Total program service expenses 6,626,876.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	
38		X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		0
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (67), 1b (67), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KEVIN R. KRENCISZ, CPA, CGMA, MBA - 216-791-8118 1909 EAST 101ST STREET, CLEVELAND, OH 44106

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM L. SPRING CHAIR	10.00	X						0.	0.	0.
(2) THOMAS FURNAS FIRST VICE CHAIR	10.00	X						0.	0.	0.
(3) THOMAS J. GIBBONS VICE CHAIR	2.00	X						0.	0.	0.
(4) CHARLES K. KOSTER, MD VICE CHAIR	2.00	X						0.	0.	0.
(5) GARY W. POTH TREASURER	5.00	X						0.	0.	0.
(6) DAVID E. COOK ASSISTANT TREASURER	5.00	X						0.	0.	0.
(7) SHERYL KING BENFORD SECRETARY	5.00	X						0.	0.	0.
(8) KAREN ASSINK ASSISTANT SECRETARY	5.00	X						0.	0.	0.
(9) WALLY ANDERS VICE CHAIR	2.00	X						0.	0.	0.
(10) ROBERT L. ENGLANDER VICE CHAIR	2.00	X						0.	0.	0.
(11) ROBERT L. HARTFORD, III VICE CHAIR	2.00	X						0.	0.	0.
(12) PRISCILLA HOAG VICE CHAIR	2.00	X						0.	0.	0.
(13) FREDERICK KRUPER JONES VICE CHAIR	2.00	X						0.	0.	0.
(14) VICTOR F. LEANZA, PH.D. VICE CHAIR	2.00	X						0.	0.	0.
(15) HOWARD A. LICHTIG VICE CHAIR	2.00	X						0.	0.	0.
(16) NATHAN S. LIPSYC VICE CHAIR	2.00	X						0.	0.	0.
(17) JILL B. MARCOTTE VICE CHAIR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROLINE G. OBERNDORF VICE CHAIR	2.00	X						0.	0.	0.
(19) DOUGLAS A. PIPER VICE CHAIR	2.00	X						0.	0.	0.
(20) MARILYN TIVITSE VICE CHAIR	2.00	X						0.	0.	0.
(21) JOAN U. ALLGOOD TRUSTEE	2.00	X						0.	0.	0.
(22) SHOURESH AMIR-TAHMASSEB TRUSTEE	2.00	X						0.	0.	0.
(23) ANTHONY AVENI TRUSTEE	2.00	X						0.	0.	0.
(24) JEFFREY A. BELLER FORMER TRUSTEE	0.00	X						0.	0.	0.
(25) THOMAS W. CRISTAL TRUSTEE	2.00	X						0.	0.	0.
(26) MARY H. BOOKMAN TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								330,978.	0.	33,628.
<b>d Total (add lines 1b and 1c)</b>								330,978.	0.	33,628.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILLIAM E. BRUNER, II, M.D. TRUSTEE	2.00	X					0.	0.	0.	
(28) MICHELLE A. CREER TRUSTEE	2.00	X					0.	0.	0.	
(29) THOMAS W. CRISTAL TRUSTEE	2.00	X					0.	0.	0.	
(30) CHERYL E. FIELDS TRUSTEE	2.00	X					0.	0.	0.	
(31) THOMAS E. GALVIN TRUSTEE	2.00	X					0.	0.	0.	
(32) MICHAEL H. GREENBERG, O.D. TRUSTEE	2.00	X					0.	0.	0.	
(33) CHARLES GUSTAFSON TRUSTEE	2.00	X					0.	0.	0.	
(34) SUSAN HARNDEN TRUSTEE	2.00	X					0.	0.	0.	
(35) ELIZABETH HELLMUTH TRUSTEE	2.00	X					0.	0.	0.	
(36) BRIAN L. HEYMAN TRUSTEE	2.00	X					0.	0.	0.	
(37) KRISTIE KOHL TRUSTEE	2.00	X					0.	0.	0.	
(38) JONATHON H. LASS, M.D. TRUSTEE	2.00	X					0.	0.	0.	
(39) SCOTT MUELLER TRUSTEE	2.00	X					0.	0.	0.	
(40) JOHN P. O'BRIEN TRUSTEE	2.00	X					0.	0.	0.	
(41) WILLIAM J. OCKINGTON TRUSTEE	2.00	X					0.	0.	0.	
(42) SARA W. PARISH TRUSTEE	2.00	X					0.	0.	0.	
(43) BEVERLY J. ROACH TRUSTEE	2.00	X					0.	0.	0.	
(44) JOHN M. SAADA, SR. TRUSTEE	2.00	X					0.	0.	0.	
(45) JAMES P. SACHER TRUSTEE	2.00	X					0.	0.	0.	
(46) GORDON H. SAFRAN TRUSTEE	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MICHAEL P. SHERBAN TRUSTEE	2.00	X						0.	0.	0.
(48) ANDREW L. SIKOROVSKY TRUSTEE	2.00	X						0.	0.	0.
(49) LINDA CORNELL SMYTHE TRUSTEE	2.00	X						0.	0.	0.
(50) CHRISTINE A. SOMOSI TRUSTEE	2.00	X						0.	0.	0.
(51) THOMAS L. STEINEMANN, M.D. TRUSTEE	2.00	X						0.	0.	0.
(52) ALEXANDER S. TAYLOR, III TRUSTEE	2.00	X						0.	0.	0.
(53) THEODORE G. THOBURN TRUSTEE	2.00	X						0.	0.	0.
(54) MARY E. TOOKMAN TRUSTEE	2.00	X						0.	0.	0.
(55) ELIAS I. TRABOULSI, MD TRUSTEE	2.00	X						0.	0.	0.
(56) RICHARD F. TRACANNA TRUSTEE	2.00	X						0.	0.	0.
(57) STANLEY E. WERTHEIM TRUSTEE	2.00	X						0.	0.	0.
(58) STEVEN WILLENSKY TRUSTEE	2.00	X						0.	0.	0.
(59) CLYDE E. WILLIAMS, JR FORMER TRUSTEE	0.00	X						0.	0.	0.
(60) JOHN P. WOLF TRUSTEE	2.00	X						0.	0.	0.
(61) JAMES M. WOOD TRUSTEE	2.00	X						0.	0.	0.
(62) FRANN R. ZVERINA TRUSTEE	2.00	X						0.	0.	0.
(63) STEVEN M. FRIEDMAN PRESIDENT/EXECUTIVE DIRECT	40.00			X				192,642.	0.	20,020.
(64) KEVIN R. KRENCISZ, CPA, CGMA, M CFO/DIRECTOR OF ADMIN	40.00			X				138,336.	0.	13,608.
<b>Total to Part VII, Section A, line 1c</b>								<b>330,978.</b>		<b>33,628.</b>

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 65,082.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 515,900.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 558,199.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,650,080.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		2,789,261.				
	Program Service Revenue	<b>2 a</b> FEES FROM GOVERNMENT	Business Code 624310	977,137.	977,137.		
<b>b</b> FEES FROM INDIVIDUALS		624310	856,518.	856,518.			
<b>c</b> OTHER REVENUE		624310	20,973.	20,973.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			1,854,628.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,497,571.	4,497,571.			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	11,639,112.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	9,217,584.				
		<b>c</b> Gain or (loss)	2,421,528.				
	<b>d</b> Net gain or (loss)		2,421,528.	2,421,528.			
	<b>8 a</b> Gross income from fundraising events (not including \$ 515,900. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	0.				
		<b>b</b> Less: direct expenses	100,055.				
<b>c</b> Net income or (loss) from fundraising events			-100,055.			-100,055.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	547,565.					
	<b>b</b> Less: cost of goods sold	409,281.					
	<b>c</b> Net income or (loss) from sales of inventory		138,284.	138,284.			
Miscellaneous Revenue		Business Code					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			11,601,217.	8,912,011.	0.	-100,055.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	335,000.	146,250.	169,250.	19,500.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,786,582.	3,746,152.	598,988.	441,442.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	163,155.	123,998.	24,473.	14,684.
<b>9</b> Other employee benefits	486,487.	369,732.	72,974.	43,781.
<b>10</b> Payroll taxes	456,698.	347,090.	68,505.	41,103.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	52,711.	46,913.	3,690.	2,108.
<b>c</b> Accounting	29,500.	26,255.	2,065.	1,180.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	588,915.	524,134.	41,224.	23,557.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	225,221.	200,447.	15,765.	9,009.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	399,574.	355,621.	27,970.	15,983.
<b>17</b> Travel	153,315.	136,451.	10,732.	6,132.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	11,685.	10,400.	818.	467.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	456,195.	406,013.	31,934.	18,248.
<b>23</b> Insurance	113,564.	101,072.	7,949.	4,543.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PHONES, RECOG, SVC FEES	97,020.	86,348.	6,791.	3,881.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,355,622.	6,626,876.	1,083,128.	645,618.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	26,611.	1	214,809.		
	<b>2</b> Savings and temporary cash investments .....		2			
	<b>3</b> Pledges and grants receivable, net .....	106,103.	3	264,188.		
	<b>4</b> Accounts receivable, net .....	754,627.	4	674,407.		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6			
	<b>7</b> Notes and loans receivable, net .....		7			
	<b>8</b> Inventories for sale or use .....	79,961.	8	102,278.		
	<b>9</b> Prepaid expenses and deferred charges .....	110,776.	9	67,380.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,168,480.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,393,858.				
			12,031,387.	<b>10c</b>	11,774,622.	
	<b>11</b> Investments - publicly traded securities .....		11			
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	78,776,610.	12	82,112,862.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13			
	<b>14</b> Intangible assets .....		14			
<b>15</b> Other assets. See Part IV, line 11 .....	363,802.	15	0.			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	92,249,877.	16	95,210,546.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	616,849.	17	505,572.		
	<b>18</b> Grants payable .....		18			
	<b>19</b> Deferred revenue .....		19			
	<b>20</b> Tax-exempt bond liabilities .....		20			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21			
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,926,241.	25	1,155,097.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,543,090.	26	1,660,669.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	43,749,145.	27	45,278,739.		
	<b>28</b> Temporarily restricted net assets .....	15,691,366.	28	17,264,417.		
	<b>29</b> Permanently restricted net assets .....	30,266,276.	29	31,006,721.		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		30			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32			
	<b>33</b> Total net assets or fund balances .....	89,706,787.	33	93,549,877.		
<b>34</b> Total liabilities and net assets/fund balances .....	92,249,877.	34	95,210,546.			

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,601,217.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,355,622.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,245,595.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,706,787.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	597,495.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,549,877.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2013)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4535204.	6566521.	4439472.	6239461.	3618291.	25398949.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	4535204.	6566521.	4439472.	6239461.	3618291.	25398949.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						25398949.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	4535204.	6566521.	4439472.	6239461.	3618291.	25398949.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1050426.	2017242.	3410518.	5857424.	4497571.	16833181.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	32,495.	14,568.	22,301.	40,076.	20,973.	130,413.
11 <b>Total support.</b> Add lines 7 through 10						42362543.
12 Gross receipts from related activities, etc. (see instructions) .....					12	5,990,217.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	59.96	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	65.46	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	78,869,420.	69,831,978.	62,235,961.	65,218,536.	63,213,427.
b Contributions	18,869.	2,016,235.	113,080.	127,642.	41,315.
c Net investment earnings, gains, and losses	7,640,195.	10,887,143.	11,238,047.	761,249.	6,002,719.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,284,914.	3,865,936.	3,755,110.	3,871,466.	4,038,925.
f Administrative expenses					
g End of year balance	82,243,570.	78,869,420.	69,831,978.	62,235,961.	65,218,536.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	995,722.			995,722.
b Buildings	13,452,565.		5,009,810.	8,442,755.
c Leasehold improvements				
d Equipment	2,803,838.		1,044,165.	1,759,673.
e Other	916,355.		339,883.	576,472.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,774,622.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LONG TERM INVESTMENTS	82,112,862.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	82,112,862.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CUSTODIAL ACCOUNTS	93,725.
(3) OBLIGATIONS UNDER ANNUITY	
(4) AGREEMENTS	317,372.
(5) LINE OF CREDIT	744,000.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,155,097.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	9,179,689.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,179,689.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,421,528.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,421,528.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,601,217.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,990,427.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,990,427.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	365,195.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	365,195.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,355,622.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

**EXPLANATION: TO APPROPRIATE FOR DISTRIBUTION EACH YEAR 5% OF THE ENDOWMENT'S AVERAGE FAIR VALUE OF THE PRIOR 36 MONTHS ENDING JUNE 30TH PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. THE 5% DISTRIBUTION WILL BE USED TO SUPPORT THE OPERATING ACTIVITIES OF THE AGENCY.**

**PART X, LINE 2:**

**EXPLANATION: THE SOCIETY IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501C3 OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES, AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509A2. IN ADDITION, THE SOCIETY QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTION**

**Part XIII** Supplemental Information (continued)

UNDER SECTION 170B1A.

THE SOCIETY IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS BEFORE 2008 BY TAXING AUTHORITIES IN JURISDICTIONS WHERE THE SOCIETY HAS FILED RETURNS. THE SOCIETY DID NOT IDENTIFY ANY MATERIAL UNRECOGNIZED TAX BENEFITS UPON EVALUATION OF TAX PROVISIONS TAKEN AND THEREFORE, THERE WAS NO MATERIAL EFFECT ON THE SOCIETY'S FINANCIAL CONDITION OR RESULTS OF OPERATIONS.

THE SOCIETY EVALUATES AT EACH BALANCE SHEET DATE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, TO DETERMINE THE NEED TO RECORD LIABILITIES FOR TAXES, PENALTIES, AND INTEREST. THE SOCIETY'S POLICY IS TO RECORD INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE. AS OF SEPTEMBER 30, 2012 AND 2011, THE SOCIETY HAD NO ACCRUED TAXES, INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX PROVISIONS. THE SOCIETY ESTIMATES THE UNRECOGNIZED TAX BENEFIT WILL NOT CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNREALIZED GAINS ON INVESTMENTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION EXPENSE

PART XI, LINE 8:

EXPLANATION: CHANGE IN VALUE OF BENEFICIAL TRUSTS \$721,576

PART XII, LINE 4B:

**Part XIII** Supplemental Information (continued)

EXPLANATION: CHANGE IN VALUE OF ANNUITY AGREEMENTS \$36,667

REALIZED AND UNREALIZED GAINS ON INVESTMENTS \$4,497,571

PART XIII, LINE 2D:

EXPLANATION: CHANGE IN VALUE OF ANNUITY AGREEMENT \$36,667

CHANGE IN VALUE OF BENEFICIAL TRUSTS \$721,576

NET REALIZED AND UNREALIZED GAINS (LOSSES) ON INVESTMENT TRANSACTIONS

\$4,497,571





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WALK (event type)	GALA (event type)	1 (total number)		
Revenue	1	Gross receipts .....	69,757.	424,673.	21,470.	515,900.
	2	Less: Contributions .....	69,757.	424,673.	21,470.	515,900.
	3	Gross income (line 1 minus line 2) .....				
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....				
	8	Entertainment .....				
	9	Other direct expenses .....	19,974.	75,415.	4,666.	100,055.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				100,055.
	11	Net income summary. Subtract line 10 from line 3, column (d) .....				-100,055.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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 in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2013

**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 in 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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN M. FRIEDMAN PRESIDENT/EXECUTIVE DIRECT	(i)	192,642.	0.	0.	10,420.	9,600.	212,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEVIN R. KRENCISZ, CPA, CGMA, M CFO/DIRECTOR OF ADMIN	(i)	138,336.	0.	0.	7,608.	6,000.	151,944.	0.
	(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)							



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

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 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

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

COMMUNITY REHABILITATION: TRAINING AND TECHNIQUES TO IMPROVE DAILY

LIVING SKILLS AND MOBILITY TO INCREASE INDEPENDENCE FOR CLIENTS OF ALL

AGES. (3,024 HOURS) PERSONAL REHABILITATION EMPLOYMENT TRAINING:

INSTRUCTION IN THE SKILLS OF DAILY LIVING (COOKING, CLEANING, PERSONAL

FINANCES) AND PRE-EMPLOYMENT SKILLS (NAVIGATION, TIME MANAGEMENT,

MOBILITY, COMMUNICATIONS). TAUGHT BY INSTRUCTORS WHO ARE LEGALLY BLIND.

(1,969 HRS)

EXPENSES \$ 578,489. INCLUDING GRANTS OF \$ 0. REVENUE \$ 318,578.

HIGHBROOK LODGE CAMP: ADA ACCESSIBLE RESIDENCE CAMP LOCATED IN CHARDON,

OHIO. ESTABLISHED IN 1928 HIGHBROOK IS THE LONGEST CONTINUOUSLY

OPERATING CAMP FOR PEOPLE WITH BLINDNESS OR VISION-IMPAIRMENTS.

ACCREDITED BY THE AMERICAN CAMP ASSOCIATION SINCE THE 1950S. (20,408

SERVICE HOURS)

EXPENSES \$ 513,151. INCLUDING GRANTS OF \$ 0. REVENUE \$ 39,528.

CALL CENTER PRODUCTION: MANAGEMENT OF A FULLY-FUNCTIONING CALL CENTER

WHICH PROVIDES TRAINING AND COMPETITIVE EMPLOYMENT TO APPROXIMATELY 40

PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED OR HAVE OTHER WORK-LIMITING

DISABILITIES. (325,000 CALLS OR CONTACTS)

EXPENSES \$ 1,089,501. INCLUDING GRANTS OF \$ 0. REVENUE \$ 907,878.

STORER COMPUTER ACCESS CENTER: PROVIDES ASSISTIVE TECHNOLOGY SKILLS

TRAINING ON HIGH- AND LOW-TECH HARDWARE, SOFTWARE, AND INTERNET TOOLS.

(3,652 HOURS)

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization CLEVELAND SOCIETY FOR THE BLIND	Employer identification number 34-0714652
---	--

EXPENSES \$ 407,390. INCLUDING GRANTS OF \$ 0. REVENUE \$ 262,358.

LOW VISION CLINIC: EVALUATES AND EDUCATES EACH CLIENT ABOUT THE OPTICAL AIDS NECESSARY TO USE REMAINING VISION MORE EFFECTIVELY. STAFFED BY LICENSED OPTOMETRISTS. (1,465 HOURS) PREVENTION AND EDUCATION:

PROVIDES VISION SCREENINGS TO CHILDREN AND SENIORS IN THE COMMUNITY TO IDENTIFY CONDITIONS WHICH COULD LEAD TO PERMANENT VISION LOSS.

INFORMATIONAL SEMINARS AVAILABLE UPON REQUEST FOR COMMUNITY GROUPS, SCHOOLS, AND OTHER ORGANIZATIONS IN THE COMMUNITY. (7,181 CLIENTS SERVED)

EXPENSES \$ 427,152. INCLUDING GRANTS OF \$ 0. REVENUE \$ 227,669.

RESIDENCE CENTER: AVAILABLE TO CLIENTS WHO HAVE NOT YET MASTERED TRAVELING SKILLS, ARE OUT-OF-STATE RESIDENTS, OR ARE PARTICIPATING IN OUR SUMMER YOUTH PROGRAM. (684 OCCUPANCY DAYS)

EXPENSES \$ 58,561. INCLUDING GRANTS OF \$ 0. REVENUE \$ 59,194.

RETAIL SALES OF AIDS AND APPLIANCES: THE EYE-DEA SHOP RETAIL STORE OFFERS USEFUL PRODUCTS TO HELP PEOPLE WITH VISION LOSS LIVE MORE SAFELY AND ACCOMPLISH DAILY TASKS WITH GREATER EASE. OPEN TO THE PUBLIC AND ONLINE. (52 WEEKS OPEN AND OVER 3,000 CUSTOMERS SERVED) BRAILLE

SERVICES: TRANSCRIPTION SERVICES FOR BRAILLE AND LARGE PRINT TO ACCESS INFORMATION NEEDED FOR SCHOOL, BUSINESS, AND PERSONAL READING. STAFFED IN PART BY VOLUNTEERS TRAINED BY THE LIBRARY OF CONGRESS. (2,440 PAGES

BRAILLED) RADIO READING SERVICE: CSCN BROADCASTS AS A SUBCARRIER OF WCPN 90.3, ON WVIZ-TV CHANNEL 25.9, AND ON CLEVELANDSIGHTCENTER.ORG.

TWENTY-FOUR HOUR PROGRAMMING MONDAY-FRIDAY; 10 AM - 8 PM SATURDAY AND

SUNDAY. ALSO PROVIDES CUSTOMIZED AUDIO FOR CLIENT NEEDS AT HOME,



Name of the organization CLEVELAND SOCIETY FOR THE BLIND	Employer identification number 34-0714652
---	--

SCHOOL, AND WORK. (6,816 BROADCASTING HOURS)

EXPENSES \$ 307,868. INCLUDING GRANTS OF \$ 0. REVENUE \$ 92,771.

RECREATION SERVICES: ACTIVITIES INCLUDE SAILING, GOLF, TANDEM BIKING, CRAFTS, LINE DANCING, SOCIAL CLUBS, BOOK DISCUSSION GROUPS, SCULPTURE CLASSES, AUDIO-DESCRIBED THEATER, AND MUSIC STUDY GROUPS FOR PERSONS WHO ARE BLIND OR VISUALLY IMPAIRED. (8,297 SERVICE HOURS)

EXPENSES \$ 148,453. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,545.

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

EXPLANATION: THE PRESIDENT/EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, AND KEY MEMBERS OF THE BUDGET AND FINANCE AND GOVERNANCE COMMITTEES OF THE BOARD OF DIRECTORS HAVE THE OPPORTUNITY TO REVIEW PRIOR TO THE FILING OF THE FORM 990. THE APPROVAL IS FORMALLY DOCUMENTED IN THE MINUTES OF THE BUDGET AND FINANCE COMMITTEE BEFORE THE FORM 990 IS ELECTRONICALLY FILED.

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

EXPLANATION: THE AGENCY REQUIRES ALL OF ITS EMPLOYEES AND BOARD MEMBERS TO SIGN A CODE OF ETHICAL PRACTICE WHEN THEY ARE NEW TO THE ORGANIZATION AND ANNUALLY THEREAFTER. VOLUNTEERS SIGN A CODE OF ETHICS UPON THEIR START AS A VOLUNTEER. ADDITIONALLY, THE CORPORATE COMPLIANCE COMMITTEE MONITORS CONFLICTS OF INTEREST AMONG OTHER MATTERS SURROUNDING FRAUD, WASTE AND ABUSE.

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

EXPLANATION: THE PRESIDENT/EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, HUMAN RESOURCES DIRECTOR AND/OR A COMMITTEE WITHIN THE BOARD OF DIRECTORS, PERFORMS A COMPENSATION STUDY USING AVAILABLE MARKET DATA AND BASED ON THE

Name of the organization CLEVELAND SOCIETY FOR THE BLIND	Employer identification number 34-0714652
---	--

TYPE OF POSITION, NEEDS OF THE ORGANIZATION AND LEVEL OF EXPERIENCE OF THE CANDIDATE/EMPLOYEE.

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

EXPLANATION: CERTAIN GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

PART VII

EXPLANATION: THE FOLLOWING INDIVIDUALS SERVED AS NON-VOTING ASSOCIATE ADVISORY TRUSTEES OF THE ORGANIZATION: GARY GARDINER AND BRUCE HIGLEY.

THE FOLLOWING INDIVIDUALS ARE RECOGNIZED AS LIFE TRUSTEES OF THE ORGANIZATION: MARY KAY HOWARD, FRED KIDDER, SALLY GRISWOLD.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL TRUSTS	721,576.
CHANGE IN VALUE OF ANNUITY AGREEMENTS	36,667.
LOSS ON SALE OF LIFE ESTATE PROPERTY	-160,748.
TOTAL TO FORM 990, PART XI, LINE 9	597,495.

SECTION G, PAGE 1 OF FORM 990

EXPLANATION: TOTAL REVENUE IN ITEM G ON PAGE 1 OF FORM 990 REFLECTS \$21,328,137 IN GROSS RECEIPTS. THIS IS COMPRISED OF THE FOLLOWING:

\$11,601,217 TOTAL REVENUE FROM PART VIII (PAGE 9 OF FORM 990)\*\*

\$9,217,584 PROCEEDS FROM TRADES ON ENDOWMENT INVESTMENTS

\$100,055 FUNDRAISING EXPENSES

\$409,281 COST OF INVENTORY SOLD

Name of the organization  
CLEVELAND SOCIETY FOR THE BLIND

Employer identification number  
34-0714652

\*\*\$9,179,689 EXCLUDING \$2,421,528 OF NET GAIN ON ENDOWMENT INVESTMENTS

Multiple horizontal lines for supplemental information.

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CLEVELAND SOCIETY FOR THE BLIND

FORM 990 PAGE 10

34-0714652

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

Table with 5 main rows for Part I. Line 1: 500,000. Line 3: 2,000,000. Line 7: [blank]. Line 12: [blank]. Line 13: [blank].

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

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

Table with 3 rows for Part II. Line 14: [blank]. Line 15: [blank]. Line 16: [blank].

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

Section A

Table with 2 rows for Section A. Line 17: [blank]. Line 18: [checkbox].

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-g, h, i.

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a, b, c.

Part IV Summary (See instructions.)

Table with 2 main rows for Part IV. Line 21: [blank]. Line 22: 456,195. Line 23: [blank].

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

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

Part VI Amortization

42 Amortization of costs that begins during your 2013 tax year: 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CLEVELAND SOCIETY FOR THE BLIND</b>	Employer identification number (EIN) or <b>34-0714652</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1909 EAST 101ST STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CLEVELAND, OH 44114</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**KEVIN R. KRENCISZ, CPA, CGMA, MBA**

• The books are in the care of  **1909 EAST 101ST STREET - CLEVELAND, OH 44106**  
Telephone No.  **216-791-8118** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**.

5 For calendar year , or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME WAS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CHIEF FINANCIAL OFFICER** Date