Form 990 Department of the Treasury

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. - - -

ation about Form 000 and its instructions is at using its gov/form000

8 12 **Open to Public**

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OMB No. 1545-0047

	1		about Form 990 and 1		C. C. D. M. C. C. C. C. M.	170	0111330.		Inspect	Ion
Ar	or th	e 2018 calendar year, or tax year begin	nning	, 2018	8, and endir	-	D Employer ide	ntificati	, 20	
Bo	heck if ap	C Name of organization	THE DITNO				D Employer Ide	muncau	on number	
_	Addre	CLEVELAND SOCIETY FOR					24 071	CE0		
	chang			"CSC")	Deserte ite		34-0714 E Telephone n			
				(655)	Room/suite		and the second s		1.0	
	Initial	return 1909 EAST 101ST STREE				0	(216) 79	1-811	18	
	Termi	1998 and the second state of the second state	and ZIP or foreign postal co	Dae			• • •		10 000	202
	return Applic	CHEVENAND, ON 44100	KEVIN R. KR	ENCICE			G Gross receip H(a) Is this a grou	48	18,086	-
8	pendi	ng				20	subordinates	?		X No
2	T	1909 EAST 101ST STREE	AND A CAR PROVIDED LIFE				H(b) Are all subord			No
		empt status: X 501(c)(3) 501(c) () < (insert no.)	4947(a)(1)	or 52				ee instructions)	
100		te: CLEVELANDSIGHTCENTER.OR					H(c) Group exem			OII
		5	Association O her		L Year o	of formatio	on: 1906 M	State of	legal domicile:	OH
P	art I	Summary		CCC T	C THE ON	IT V MC	NDDOFT	TNI NIC		
	1	Briefly describe the organization's mission o	or most significant activit	INDE DIT	S THE ON	ILI NO	CNIETCAN		DRIHEASI	
nce		OHIO THAT SERVES THE NEEDS	OF PLOPLE WHO	ARE DLI	ND OR HA	AVE 51	LGNIFICAN	1 		
rna		VISION LOSS.								
Governance	200.004		liscontinued its operati							46.
8		Number of voting members of the governing						3		46.
es		Number of independent voting members of t						4		255.
viti		Total number of individuals employed in cale						5		550.
Activities &		Total number of volunteers (estimate if neces						6		550.
		Total unrelated business revenue from Part V						7a		0
	D	Net unrelated business taxable income from	Form 990-1, line 34 .			1	Prior Year	7b	Current Y	
				~		s	2,085,69	0		3,630
ne			ontributions and grants (Part VIII, line 1h)							9,424
Revenue	1			PUDIILI	NSPECTION		3,803,99			3,661
Re	Contraction of the	Investment income (Part VIII, column (A), line				8	120,94	and the second		1,364
	1	Other revenue (Part VIII, column (A), lines 5,				(12,199,90		11,44	
		Total revenue - add lines 8 through 11 (must					12,155,50	0.	11, 11	0,015
		Grants and similar amounts paid (Part IX, colu						0.		0
1000	1	Benefits paid to or for members (Part IX, colu Salaries, other compensation, employee bene	1.5	7,463,15		7.89	3,330			
ses							1,100,10	0.	1105.	0
Expenses		Professional fundraising fees (Part IX, column Total fundraising expenses (Part IX, column (609,696	5.			· ·		
ŭ		Other expenses (Part IX, column (A), lines 11	8	2,684,71	7.	3.31	5,185			
		Total expenses. Add lines 13-17 (must equal	s	10,147,87		11,200				
		Revenue less expenses. Subtract line 18 from					2,052,03			9,564
Po Se		revenue less expenses. Cabadet mie to non				Beginn	ing of Current Y		End of Ye	
anc	20	Total assets (Part X, line 16)				1	97,21	2,363		
Ass		Total liabilities (Part X, line 26)					1,460,46			3,142
Net	22	Net assets or fund balances. Subtract line 21				1	04,334,92		96,36	
Pa	art II	Signature Block								
Un	der per	nal ies of perjury, I declare that I have examined th						my kno	wledge and b	elief, it is
true	e, corre	ect, and complete. Declara ion of preparer (other than	n officer) is based on all in	formation of wh	ich preparer ha	as any kno	owledge.	1951	1000	087
Sig		Signature of officer					Date			
He	re									
		Type or print name and title								
	2	Print/Type preparer's name	Preparer's signature		Date		Check	if PTI	N	
Paie		DAVID M REAPE, CPA					self-employ	2534	00068117	ſ°.
	parer	Firm's name FIW&CO					Firm's EIN 🕨	34-16	563157	
USE	Only	Firm's address > 23240 CHAGRIN BLVD., SU	ITE 700 CLEVELAND, (OH 44122-545	0			216-8	331-1200	
May	the II	RS discuss this return with the preparer show							X Yes	No
For	Paper	rwork Reduction Act Notice, see the separat	te instructions.						Form 99	

Fo	rm 990 (2018) Page 2
P	art 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 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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by

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.

a (Code:) (Expenses \$	1,501,540. including grants of \$) (Revenue \$	426,831.)
CSC PROVII	DES EARLY INTERV	VENTION & OTHER SCHOOL SERVICES	S: PARENTS	
OF 0-3 YEA	AR OLDS LEARN CO	MPENSATORY TECHNIQUES TO DEVEL	LOP SKILLS	
IN COMMUNI	ICATION, INDEPEN	NDENCE & MOVEMENT. CHILDREN AGH	ED 3-5	
ATTEND OUR	R IN-HOUSE PRES	CHOOL. FAMILIES OF SCHOOL-AGED	CHILDREN	
ARE EDUCAT	TED HOW TO ADVOO	CATE FOR THEIR CHILDREN. CSC ST	TAFF	
INSTRUCT S	SCHOOL TEACHERS	HOW TO ADAPT THEIR CLASSROOM H	FOR A CHILD	
WITH A VIS	SION DISABILITY.	YOUNG ADULTS UP TO AGE 23 ARE	E ENGAGED IN	
PRE-EMPLOY	MENT SKILLS TRA	AINING. (422 CLIENTS SERVED) VI	ISION	
SCREENINGS	S ARE PROVIDED 7	O CHILDREN IN GREATER CLEVELAN	ND TO	
IDENTIFY C	CONDITIONS WHICH	H COULD LEAD TO VISION LOSS (6,	,030	
SCREENINGS	5).			

4b (Code:) (Expenses \$ 2,132,410. including grants of \$) (Revenue \$	361,324.)								
CSC PROVIDES CASEWORK & SOCIAL SERVICES ASSISTING CLIENTS IN									
NAVIGATING NETWORKS TO MEET THEIR NEEDS (2,000 CLIENTS SERVED).									
ONCE NEEDS ARE IDENTIFIED, TRAINING AND TECHNIQUES ARE TAUGHT TO									
IMPROVE DAILY LIVING AND MOBILITY TO INCREASE INDEPENDENCE (428									
CLIENTS SERVED). COMPUTER TRAINING IS PROVIDED TO TEACH PEOPLE WHO									
ARE BLIND TO USE A COMPUTER USING ASSISTIVE SOFTWARE (70 CLIENTS									
SERVED). CSC OPERATES A LOW VISION CLINIC EVALUATING AND EDUCATING									
CLIENTS ABOUT THE OPTICAL AIDS NECESSARY TO UTILIZE REMAINING									
VISION MORE EFFECTIVELY, STAFFED BY LICENSED OPTOMETRISTS WITH									
SPECIAL FOCUS ON LOW VISION EXAMS (1,900 CLIENTS SERVED).									

4c (Code:) (Expenses \$ 4,864,933. including grants of \$) (Revenue \$	4,464,750.)							
EMPLOYMENT OPERATIONS & PLACEMENT, INCLUDING: ASSIS	TANCE IN JOB								
READINESS, JOB SEARCH, & EMPLOYMENT SKILLS. PROGRAM OFFERINGS									
INCLUDE JOB DEVELOPMENT, ASSESSMENTS, JOB COACHING,	JOB SEEKING								
SKILLS, COMMUNITY BASED ASSESSMENTS, CUSTOMER SERVI	CE TRAINING.								
(200 CLIENTS SERVES, 34 CLIENTS PLACED AT 21 UNIQUE	EMPLOYERS) .								
CALL CENTER PRODUCTION SERVICES INCLUDING MANAGEMEN	T OF A								
FULLY-FUNCTIONING CALL CENTER WHICH PROVIDES TRAINI	NG &								
COMPETITIVE EMPLOYMENT TO PEOPLE WHO ARE BLIND OR V	ISUALLY								
IMPAIRED OR HAVE OTHER WORK-LIMITING DISABILITIES (EMPLOYMENT OF								
OVER 80 INDIVIDUALS).									

 4d Other program services (Describe in Schedule O.)
 ATTACHMENT 1

 (Expenses \$ 813,008. including grants of \$) (Revenue \$ 127,682.)

 4e Total program service expenses ▶ 9,311,891.

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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,"	4	Х	
2	complete Schedule A	1	X	-
3	Did the organization required to complete Schedule D, Schedule O Community (see instructions)?	2	**	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	S	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		2 C	
	assessments, or similar amounts as defined in Revenue Procedure 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			and water of
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	0	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8	s 1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	s	Δ
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	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		8 C	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			0.00
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	Х	
h	Schedule D, Parts XI and XII	12a	Δ	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E,	13	s	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	s	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.		s	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			and the second se
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
00-	If "Yes," complete Schedule G, Part III	19	s	X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	s	Λ
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	s	
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V 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		Х	
	employees? If "Yes," complete Schedule J	23	Δ	
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 25c.	24a		Х
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	ss	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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	ss	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.74	,	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		8k	
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		· · · · ·	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		6K	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			10-10070-11
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	,	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	s	Δ
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	»	X
32	Did the organization inducate, terminate, or dissolve and cease operations? If res, complete schedule N, Part P Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51	,	
02	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		s	
1000	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		6K	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1201
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
Dort	19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IPS Filings and Tax Compliance	38	Δ	
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
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA				(2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 255		1000				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		2			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			17			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
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 (FBAR).			v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	s	X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	s	Δ			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	s - 4				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х			
	solicit any contributions that were not tax deductible as charitable contributions?	6a	s				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b					
7	gifts were not tax deductible?	00		-			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
a	and services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	2			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	11000					
	required to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	3	Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	s	Х			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		Х			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		Х			
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х			
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12.0	against amounts due or received from them.)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a	5 - C	2			
ŭ	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						
с	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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					
	If "Yes," see 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					
	If "Yes," complete Form 4720, Schedule O.						

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		0.000	
0			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4 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	6		
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 4	a		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			2000
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1.4.6 %	
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
100	Did the organization have legal chapters, branches, or affiliates?	10a		Х
	Did the organization have local chapters, branches, or affiliates?			0408
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	TTa		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	124	44	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (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 (<i>explain in Schedule O</i>)	Г <mark>(Sec</mark>	tion 5	501(c)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 KEVIN R. KRENCISZ, CPA, MBA 1909 EAST 101ST STREET CLEVELAND, OH 44106 216-791-8118 20

Form 990 (2018)

Form 990 (20	Form 990 (2018) Page 7									
Part VII	Compensation of Independent Cont		Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors,	Trustees, K	ey Employee	s, and Highe	st Con	npensated Emp	loyees			
1a Comple	ete this table for all	persons re	quired to be	listed. Rep	ort co	mpensation fo	r the cale	ndar year ending	with or with	in the

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck as pe	more	e han o is both or/trust employee	an	(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
(1) JOAN U. ALLGOOD	5.00									
SECRETARY	0.	X		Х				0.	0.	0.
(2) WALLY ANDERS	5.00		а <u></u> ц		S		S			
TREASURER	0.	X		Х				0.	0.	0.
(3) KAREN PETERSON ASSINK	2.00		8 <u></u>		s		6			
TRUSTEE	0.	Х						0.	0.	0.
(4) SHERYL KING BENFORD	10.00		4 <u> </u>		S		S			
CHAIR	0.	Х		Х				0.	0.	0.
(5)MARY H. BOOKMAN	2.00		4 <u></u> 1		S		S			
TRUSTEE	0.	Х						0.	0.	0.
(6)WILLIAM E. BRUNER, II, MD	2.00		4		sh		9- <u>-</u>	10		2
TRUSTEE	0.	Х			ay - 16		a	0.	0.	0.
(7) THOMAS W. CRISTAL	2.00									
TRUSTEE	0.	Х					87 - 48	0.	0.	0.
(8) ROBERT L. ENGLANDER	2.00									
TRUSTEE	0.	Х					87 - 48	0.	0.	0.
(9)CHERYL E. FIELDS	2.00									
CHAIR, CONSUMER COUNCIL	0.	Х					87 - 48	0.	0.	0.
(10) THOMAS P. FURNAS	2.00									
IMMEDIATE PAST CHAIR	0.	Х					87 - 48	0.	0.	0.
(11) CHARLES GUSTAFSON	2.00									
TRUSTEE	0.	Х					87 - 48	0.	0.	0.
(12) SUSAN HARNDEN	2.00									
TRUSTEE	0.	Х					87 - 48	0.	0.	0.
(13) ROBERT L. HARTFORD, III	2.00									
VICE CHAIR	0.	X	-				9 - 9	0.	0.	0.
(14) SUBER S. HUANG, MD, MBA	2.00									
TRUSTEE	0.	X					a - a	0.	0.	0.

JSA

organization's tax year.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more rson	han o is both or/trusi Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) FREDERICK KUPER JONES	2.00		2			٩	-			
TRUSTEE	0.	Х						0.	0.	0
16) HOWARD A. LICHTIG	2.00		2 <u>,</u> 1		8		8			
FIRST VICE CHAIR	0.	Х						0.	0.	0
17) JILL MARCOTTE	2.00		2 <u>,</u> 1		8		8			
CHAIR, STRATEGIC PLANNING	0.	Х						0.	0.	C
18) CAROLINE G. OBERNDORF	2.00		8 <u>.</u>		S		S - 5			
TRUSTEE	0.	Х						0.	0.	C
19) JOHN P. O'BRIEN	2.00		2 <u>1</u> 5		8 -		8			
TRUSTEE	0.	Х						0.	0.	C
20) SARA W. PARISH	2.00		2 <u>,</u> 1		8		8			
TRUSTEE	0.	X						0.	0.	C
21) DOUGLAS A. PIPER	2.00		8 <u>.</u>		S		S - 5			
CHAIR, DEVELOPMENT	0.	Х						0.	0.	(
22) ERIN C. PLOUCHA	2.00		8 <u>.</u>		0 - 0		S - 5			
VICE CHAIR	0.	Х						0.	0.	(
23) JAMES P. SACHER	2.00		8 <u>.</u>		0 - 0		S - 5			
TRUSTEE	0.	Х						0.	0.	(
24) GORDON H. SAFRAN	2.00		8 <u>.</u>		0 - 0		S - 5			
TRUSTEE	0.	Х						0.	0.	(
25) ANDREW L. SIKOROVSKY	2.00		8 <u>.</u>		S		S - 5			
TRUSTEE	0.	Х						0.	0.	(
1b Sub-total								0.	0.	(
c Total from continuation sheets to Part VII, S	Section A				1. 1993 A 1993	• • •	-	935,144.	0.	107,381
d Total (add lines 1b and 1c)			-	-				935,144.	0.	107,381

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4	X	
2	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>	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to the more than \$100,000 in compensation from the organization ► 0.	se listed above) who received	

	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	s pe	ition more rson	e han o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount o other pensati	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	om the anizatic d relate anizatio	on ed
26)	LINDA CORNELL SMYTHE TRUSTEE	2.00	X	2h	2	6 - 6		6 - 6	0.	0.			(
27)	WILLIAM L. SPRING, ESQ. TRUSTEE	2.00	X	2. L.		<u>6 - 6</u>		<u>, </u>	0.	0.			9
28)	ALEXANDER S. TAYLOR	2.00	Λ	2 <u> </u>		9 - A		<u>0 0</u>	0.	0.			11
	TRUSTEE	0.	Х						0.	0.			i
29)	BONITA G. TEEUWEN VICE CHAIR	2.00	Х						0.	Ο.			
30)	G. MAXWELL TOOLE	2.00	0.2	2 <u> </u>		9 - A		9 - A					
211	TRUSTEE MARILYN TSIVITSE	0.	X	a_ 4	_	8 - 4		8 - A	0.	0.			1
51)	TRUSTEE	0.	Х						0.	0.			
32)	SUSAN H. KIMBERLY TURBEN, PHD.	2.00		2, L.	۰	9) - (4)		95 - 53 	0	0			
33)	TRUSTEE MYRON (MIKE) WEISSMAN	0.	Х	2 <u>-</u> 4		6 4		0 - 0	0.	0.			_
	TRUSTEE	0.	Х						0.	0. 0.			
34)	STANLEY E. WERTHEIM	2.00	v	2;					0.	0			
35)	GARY GARDINER	2.00	X	4		9 - A		<u>0 0</u>	0.	0.			
	TRUSTEE	0.	Х						0.	0.			
36)	LYNN V. HEILIGENTHAL-SHOWALTER TRUSTEE	2.00	X						0.	0.			
c d 2	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	limited to the			-	• •			eceived more than	\$100,000 of			
-	reportable compensation from the organization	1 🕨	1									Yes	
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the s	ule J for suc	ch ind	ividu	lal	• •	• • • •	• •	• • • • • • • • • •		3		
	organization and related organizations greated organizations and related organizations greated organizations and related	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	mpen	satio	on f	ron	n any	uni	related organizatio	on or individual	5		
1000	tion B. Independent Contractors	io, compion	0 001	ouu	10 0	101	ouon	por					1
	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add								(B) Description of se	nvices C	(C) ompen		

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

	rt VII Section A. Officers, Directors, Tru (A)	(B)			- (C				(D)	(E)			F)	
	Name and title	Average hours per week (list any hours for	box, office	ot ch unles r and	Posi neck n s per l a di	tion more son i irecto	han o is both or/trust	an ee)	Reportable compensation from the	Reportabl compensation related organizatio	from	Estin	mated unt of her	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	orgar	n the nizatio related ization	d
37)	NATHAN KELLY VICE CHAIR	2.00	X	2, L				9 - A	0.		0.			6
38)	BEVERLY J. ROACH TRUSTEE	2.00	Х	а <u>, </u> с		60		9 6	0.		0.			6
39)	STEVEN WILLENSKY TRUSTEE	2.00	X	2 <u>.</u>		6		93 - 73	0.		0.			
10)	JOHN M. SAADA, SR.	2.00	X	2 <u>, </u>				<u></u>	0.		0.			_
1)	VICTOR F. LEANZA, PHD	2.00	X	s				<u>.</u>	0.					
2)	ORLANDO DANGOND	2.00		2				9			0.			
3)	TRUSTEE KEVIN MCKINNIS	0.	X	s				s) (s)	0.		0.			
4)	TRUSTEE DR. JENNELL C. VICK	0.	X	4 <u></u>				s - s	0.		0.			
5)	TRUSTEE MICHAEL H. GREENBERG, OD	0.	X	с <u> </u>		6		s0	0.		0.			_
6)	TRUSTEE SCOTT MUELLER TRUSTEE	0.	X	4 <u> </u>		5 <u> </u>		s	0.		0.			_
7)	TRUSTEE LARRY BENDERS PRESIDENT	0. 40.00 0.	X	и <u> </u>	X	6		s0	0.		0.		8,6	
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t		iste	194 A				eceived more than	\$100,000 of				
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,00	00?	lf	"Yes	,"	complete Schedu	le J for su	ich	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue con	mpen	satio	on fi	rom	any	un	related organizatio	on or individu	ual	5		
Se	ction B. Independent Contractors													
	Complete this table for your five highest com compensation from the organization. Report of													
1	year.													

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

Page 8

Part VII Section A. Officers, Directors, T		y = 11	ipio			unu i	ng					
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles and	Pos heck s pe d a d	erson lirect	e han o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	from ns	(F) Estimated amount o other compensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		from the organizatio and relate organizatio	d
48) KEVIN KRENCISZ CHIEF FIN. & ADMIN. OFFICER	40.00	-	×	X	9)			148,550.		0.	7,(00
49) MICHAEL MCMANAMON CHIEF INFORMATION OFFICER	40.00	-	2, L.		s) ()	x	93 - A	133,852.		0.	26,9	
50) JASSEN TAWIL DIRECTOR OF BUSINESS VENTURES	40.00		s	2	9	X	9 <u></u> 4	103,400.		0.		
51) KAREN HILLER	40.00		4		,	5353	8 <u>-</u> 8				14,6	
DIRECTOR OF DEVELOPMENT 52) JUDITH WEYBURNE	0. 40.00		4		0 - 0	Х	8 <u>-</u> 8	106,366.		0.	14,0	
DIR. OF CLIENT PLANNING & EMP 3) LIDIJA BALCIUNAS	L 0. 20.00		s		s5	X	9 - 9	117,594.		0.	21,4	11
OPTOMETRIST	0.		2			Х	<u>1</u> - 1	102,099.		0.	4,5	59
			2	2	sh							
		-	2L				8 - A					
			×				8 <u> </u>					
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A	••••				 		aciual mara than	¢100.000.of			
2 Total number of individuals (including but no reportable compensation from the organization			iste 7	d ai	DOV	e) who	o re	ceived more than	\$100,000 01			
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ficer, directo dule J for su	or, or ch ind	tru ividu	iste ual	e,	key e	emp	loyee, or highes	compensate	ed	Yes 3	
4 For any individual listed on line 1a, is the organization and related organizations of	reater than	\$15	0,00	00?	If	"Yes	,"	complete Schedu	le J for su	ch		
 <i>individual</i>	or accrue co	mpen	satio	on f	fron	n any	un	related organizatio	on or individu	al	4 X	
for services rendered to the organization? If ' Section B. Independent Contractors	res, comple	le Sch	leau	ne J	101	such	per	son		•	5	
 Complete this table for your five highest co compensation from the organization. Report year. 											ax	
(A) Name and business a	ddress						4	(B) Description of se	rvices		(C) Densation	
							1					
							đ					
							1					

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

	Check if Schedule O contains	a response or r	note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under section: 512-514
1a	Federated campaigns	. 1a	33,208.				
b	Membership dues						
С	Fundraising events	•	387,205.				
d	Related organizations	. 1d					
e	Government grants (contributions) .	. 1e					
f	All other contributions, gifts, grants,						
	and similar amounts not included above		183,217.				
g	Noncash contributions included in lines 1a	7.5 2.2		2 602 620			
h	Total. Add lines 1a-1f		ess Code	2,603,630.			
100	FEES FROM GOVERNMENT	6243		5,152,470.	5 152 470		-
2a	FEES FROM INDIVIDUALS	6243		86,954.	5,152,470.		5,5
b			10	00, 551.	00,331.		
c	87.						
a	4 						
e	All other program service revenue .						
g	Total. Add lines 2a-2f			5,239,424.			
3	Investment income (including		A Description of the second				
•	and other similar amounts)			2,051,136.			2,051,1
4	Income from investment of tax-exer			0.			
5	Royalties	- Contract		0.			
			ersonal				3
6a	Gross rents						
b	Less: rental expenses						
c	Rental income or (loss)						
d	Net rental income or (loss).		🕨	0.			
7a			Other				
	assets other than inventory 6,	967,794.	657,251.				
b	Less: cost or other basis						
	and sales expenses 5,-	474,812.	677,708.				
с		492,982.	-20,457.				
d	Net gain or (loss)	<u></u>	🕨	1,472,525.			1,472,5
8a	Gross income from fundraising						
	events (not including \$387,2	05.					
	of contributions reported on line 1c).	8					
	See Part IV, line 18	a	15,200.				
b	Less: direct expenses		74,999.				
C	Net income or (loss) from fundraisin	g events	🕨	-59,799.			-59,7
9a	Gross income from gaming activitie						
	See Part IV, line 19	S	0.				
	Less: direct expenses		0.	0.			-
c	Net income or (loss) from gaming a		🕨	0.			
10a	Gross sales of inventory, le		531,149.				
	returns and allowances		410,794.				
b	Less: cost of goods sold Net income or (loss) from sales of inv	· · · • •	110,731.	120,355.	120,355.		
100	Miscellaneous Revenue		ess Code	220,000.	220,0001		
11a	PARKING LOT INCOME	9000		11,438.	11,438.		
11a b	INCENTIVE FOR WELLNESS INCOME	9000		1,970.	1,970.		
D C	ANNUAL MEETING TICKETS	9000		1,915.	1,915.		
d	All other revenue			5,485.	5,485.		
e	Total. Add lines 11a-11d			20,808.			
-	Total revenue. See instructions			11,448,079.	5,380,587.		3,463,8

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 respo				
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	expenses
1 Grants and other assistance to domestic organizations	0			
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	0			
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0.			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	1,042,525.	830,163.	142,826.	69,536.
trustees, and key employees	1,042,525.	030,103.	142,020.	09,550.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	5,388,873.	4,291,159.	738,276.	359,438.
7 Other salaries and wages	5,500,015.	4,291,139.	130,210.	555,450.
8 Pension plan accruals and contributions (include	204,859.	163,129.	28,066.	13,664.
section 401(k) and 403(b) employer contributions)	743,140.	591,763.	101,810.	49,567.
9 Other employee benefits	513,933.	409,245.	70,409.	34,279.
10 Payroll taxes	010,000.	405,245.	10,403.	54,213.
11 Fees for services (non-employees):	0.			
a Management	54,523.	49,774.	3,380.	1,369.
b Legal	0.	15,771.	5,500.	1,505.
c Accounting	60,000.	54,774.	3,720.	1,506.
d Lobbying	0.	01/1/11	57720.	1,000.
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees				
9 Other. (If line 11g amount exceeds 10% of line 25, column ATCH 2	1,612,895.	1,472,412.	99,999.	40,484.
(A) amount, list line 11g expenses on Schedule O.). ATCH 2	0.	1,112,112.	55,555.	40,404.
12 Advertising and promotion	174,285.	159,104.	10,806.	4,375.
13 Office expenses	0.	100,104.	10,000.	4,510.
14 Information technology	0.			
15 Royalties	547,453.	499,770.	33,942.	13,741.
16 Occupancy	93,403.	85,268.	5,791.	2,344.
17 Travel	55,405.	00,200.	0,151.	2,311.
18 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates. 22 Depreciation, depletion, and amortization	533,801.	487,307.	33,096.	13,398.
	126,874.	115,823.	7,866.	3,185.
23 Insurance 24 Oher 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)				
aSVC FEE, OTHER	96,656.	88,237.	5,993.	2,426.
D UNCOLLECTABLE ACCTS	15,295.	13,963.	948.	384.
c	ineres - Monthesson 4, 19		AND COURSE AND CO	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,208,515.	9,311,891.	1,286,928.	609,696.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if			_,,	
following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2018)
Part X Balance Sheet

			(A) Beginning of year		(B) End of year
-		Oach and interest baseing	1,257,737.		1,803,423
	1	Cash - non-interest-bearing	0.	1	1,005,425
	2	Savings and temporary cash investments	900,415.	2	288,138
	3	Pledges and grants receivable, net	663,075.	3	451,408
	4	Accounts receivable, net	005,075.	4	431,400
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	0.	-	C
	6	Complete Part II of Schedule L 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	0.	5	0
SI	7	organizations (see instructions). Complete Part II of Schedule L	0.	7	C
Assets	7	Notes and loans receivable, net	79,464.	8	79,123
Ä	8	Inventories for sale or use	73,516.	9	75,922
	9	Prepaid expenses and deferred charges	15,510.	9	10,522
	TUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 17,978,459.			
		other basis. Complete Part VI of Schedule D 10a 17, 978, 459.	10,851,398.	10c	10,675,525
		Less: accumulated depreciation	10,001,000.	11	10,013,323
- 1	11	Investments - publicly traded securities	91,969,785.		83,760,658
	12	Investments - other securities. See Part IV, line 11	0	12	05,700,050
	13	Investments - program-related. See Part IV, line 11	0.	13	(
	14	Intangible assets	0.	14	78,166
	15	Other assets. See Part IV, line 11	105,795,390.	15	97,212,363
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	659,321.	16	629,530
	17	Accounts payable and accrued expenses	0.000,021.	17	029,330
	18	Grants payable	453,301.	18	12,351
- L'	19	Deferred revenue	435,301.	19	12,331
	20	Tax-exempt bond liabilities	0.	20	(
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	(
LIADIIITIES	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and	0		<i>(</i>
		disqualified persons. Complete Part II of Schedule L	0.	22	(
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	(
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	247 047		201 201
	_	of Schedule D	347,847.	25	201,261 843,142
-	26	Total liabilities. Add lines 17 through 25.	1,460,469.	26	043,142
s		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
	27		52,835,372.	27	50,247,588
ala	28		18,861,714.	28	15,403,547
Ď	29	Temporarily restricted net assets	32,637,835.		30,718,086
Ĭ.	29	Permanently restricted net assets	52,057,055.	29	30,110,000
L		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	2	31	
set		r are in or capital surplus, or land, building, or equipment fund		91	
Asset		Patained earnings and wment accumulated income or other finde	20 20	30	
et Asse	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	104,334,921.	32 33	96,369,221

Form 990 (2018)

Form 99	90 (2018)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			48,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	05		08,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			39,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			34,9	
5	Net unrealized gains (losses) on investments	5	2	-6,0	11,1	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29	-2,1	94,1	.06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-		
	33, column (B))	10		96,3	69,2	221.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			2		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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		a	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				1462	
b	Were the organization's financial statements audited by an independent accountant?		a a	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a			
	separate basis, 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	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent ac	counta	int?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, o	explair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?		878 U	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idits.		3b		
				Form	990	(2018)

SCI	IEDUL	EA

SCHEDULE A (Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 20 8

0	A STATE TO STATE OF A		► F	Attach to Form 990 of F	orm 990-	E2.		Open to Public
	artment of he Treasury mal Revenue Service	J	Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of the organization						Employer identifi	
	EVELAND SOCIE	TY FOR TH	E BLIND				34-07146	
			12 12-12 APR 13 12 A	organizations must o	omplet	e this pa	art.) See instructions	
1000				is: (For lines 1 through	11 10 10 10 10			5
1		and a state of the second s		tion of churches desci	Contra Secondo		and the second	
2				. (Attach Schedule E				
3				rganization described				
4		a line is the second second second	and the second				section 170(b)(1)(A)	(iii). Enter the
	hospital's nam		New York and the second stream stream and the second stream and the second stream and the second stream and the		•			
5	An organizatio	on operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	A federal, stat	te, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X An organization	on that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	A community	trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	An agricultura	l research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
	or university o	r a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or
	university:							
10	receipts from support from	activities rela gross investm	ted to its exempt f nent income and u	unctions - subject to	certain e able inco	exception ome (less	ntributions, membersh s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
11	An organizatio	on organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12	An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
	of one or mor	e publicly su	pported organizati	ons described in sect	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lin	nes 12e, 12f, and 12g.
a	Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	supporting o	organization.	You must complet	e Part IV, Sections A	and B.			
b	• •		•				supported organization	
				•	the sam	e persor	is that control or man	age the supported
				, Sections A and C.				
C	• •	-					n with, and functional	ly integrated with,
	S 2			s). You must comple				
d	•	-	-		•		ection with its suppor	
							ution requirement and	an allentiveness
	5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			omplete Part IV, Sect				
e				ionally integrated sup			nat it is a Type I, Type I ion	і, туре ш
f	A HEAD OF THE READ					nganizat		8
g				orted organization(s).				
	(i) Name of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
(A)			d.	s				1
(B)								
6 8			v.	s		· · · · · · · · · · · · · · · · · · ·		1
(C)								
(D)								
(D)								
(E)								
T-1								
Tot	ai							

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

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,316,532.	2,804,911.	886,577.	2,085,690.	2,603,630.	11,697,340.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				ç		0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	3,316,532.	2,804,911.	886,577.	2,085,690.	2,603,630.	11,697,340.	
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)						0.	
6	Public support. Subtract line 5 from line 4					-	11,697,340.	
	tion B. Total Support	33					11,00,000	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	3,316,532.	2,804,911.	886,577.	2,085,690.	2,603,630.	11,697,340.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,521,598.	3,726,409.	1,786,920.	2,641,694.	2,051,136.	13,727,757.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	21,046.	21,383.	3,656.	70,853.	20,808.	137,746.	
11	Total support. Add lines 7 through 10						25,562,843.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	13,174,052.	
13	First five years. If the Form 990 is for organization, check this box and stop here							
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2018 (lin	ne 6, column (f) divided by line	11, column (f)).		14	45.76%	
15	Public support percentage from 2017					15	43.80%	
	331/3% support test - 2018. If the org box and stop here. The organization qu	ualifies as a pub	licly supported of	organization			► X	
b	b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fa he "facts-and-c	cts-and-circumst	ances" test, cho est. The organiz	eck this box ai zation qualifies	nd stop here. E as a publicly si	xplain in upported	
b	organization	2017. If the organization meets	ganization did no the "facts-and	ot check a box -circumstances"	on line 13, 16 ' test, check tl	a, 16b, or 17a, his box and st o	and line op here.	
18	supported organization	did not check a	a box on line 13,	 16a, 16b, 17a,	or 17b, check	this box and see	▶□	
	instructions						🕨 🛄	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees		·		4		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		· · · · · · · · · · · · · · · · · · ·		4		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		· · · · · · · · · · · · · · · · · · ·		4	5.3 	
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the		·		4	1	
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		·		2.		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		· · · · · · · · · · · · · · · · · · ·		2		
	Amounts included on lines 1, 2, and 3	2	· · · · · · · · · · · · · · · · · · ·		<i>4</i> 2	5.7	
	received from disqualified persons						
b	Amounts included on lines 2 and 3				4	5	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				96 24	0	
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support				15		
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6					-	
	Gross income from interest, dividends,		·		4	5.3	
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less		·		4		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business	2	· · · · · · · · · · · · · · · · · · ·		<i>R₀</i>	0.7	
11	activities not included in line 10b,						
	whether or not the business is regularly						
ALCON	carried on				4	1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)	5. 					
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)		tion to find a second	and third founds	664 A		
14	First five years. If the Form 990 is f						
Sac	organization, check this box and stop here tion C. Computation of Public Sup						
100000	Public support percentage for 2018 (line 8		-	(f))		45	0/
15 16	Public support percentage from 2017 Sche					. 15	%
2502 D			6.200			16	%
	tion D. Computation of Investmen			12 column (f))		47	0/
17							
18						18	%
19 a	331/3% support tests - 2018. If the or						
	17 is not more than 331/3%, check th			-			
b	331/3% support tests - 2017. If the orga						
00	line 18 is not more than 331/3%, check			-			
20 JSA	Private foundation. If the organization	ulu not check	a box on line	14, 19a, OF 19D		2400 CALLER AV. 481	990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10a

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		8
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.			
0		2	2	
Secti	on C. Type II Supporting Organizations		Ver	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
occu	on D. An Type in Supporting Organizations		Vec	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	NU
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		_	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
1000	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Dravide details in Part V</i>	20		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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.	3b		
100			990 F	7) 2019
JSA 8E1230	Schedule A (Form	990 or	990-E	Z) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations (continued)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		Ь
3 Other gross income (see instructions)	3		Ь.
4 Add lines 1 through 3.	4		Ь
5 Depreciation and depletion	5		р. -
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		5
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		5
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		6
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		5
6 Multiply line 5 by .035.	6		Ь
7 Recoveries of prior-year distributions	7		Ь
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			0

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

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	10. 877 12.5 AS		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		v	
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i.	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
11.2	Part VI. See instructions.			1
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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

					ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	Ε				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS	13,436.	21,383.	3,656.	70,853.	20,808.	130,136.
RENTAL INCOME	7,610.					7,610.
TOTALS	21,046.	21,383.	3,656.	70,853.	20,808.	137,746.

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Employer identification number

34-0714652

Organization type (cl	heck one)	1
-----------------------	-----------	---

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1 ,		\$345,972.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$185,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$146,468.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$130,187.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$130,053.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$119,693.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$69,478.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CLEVELAND SOCIETY FOR THE BLIND

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	<mark>(</mark> d) Date received
		 \$	

JSA 8E1254 1.000 1277MF K369 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

Employer identification number

34-0714652

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page						Page 4
Name of organization	CLEVELAND	SOCIETY	FOR	THE	BLIND	Employer identification number
						34-0714652

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ne year from any one ns completing Part III, e year. (Enter this inform	contributor. C enter the total o	omplete columns (a) through (e) and of exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
		(e) Transfer of	gift					
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee				
(a) No.		1						
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
	2 2		2	10				
10 ⁻⁷								
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No.		1						
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
			25	18				
<i></i>				li li				
	(e) Transfer of gift							
	Transferee's name, address, and	7IP + 4	Relationship of transferor to transferee					
	· · · · · · · · · · · · · · · · · · ·							
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
	19			8				
<i></i>			20	6 				
	(e) Transfer of gift							
	Transferee's name, address, and		-	ship of transferor to transferee				
		1		Saladula B /Farm 000,000 F7, as 000 DF1 /2010)				

SCHEDULE C	Political Campaign a	nd Lobbying	Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	For Organizations Exempt From Incom	izations Exempt From Income Tax Under section 501(c) and section 527				
Department of he Treasury Internal Revenue Service	 Complete if the organization is described b Go to www.irs.gov/Form990 for 		Form 990 or Form 990-E est information.	Z. Open to Public Inspection		
	ered "Yes," on Form 990, Part IV, line 3, or Forn ganizations: Complete Parts I-A and B. Do not comp		Political Campaign Activiti	ies), then		
	r than section 501(c)(3)) organizations: Complete		not complete Part I-B.			
 Section 527 organization 	ations: Complete Part I-A only.					
	ered "Yes," on Form 990, Part IV, line 4, or Form					
	ganizations that have filed Form 5768 (election un ganizations that have NOT filed Form 5768 (elect			·		
If the organization answ Tax) (see separate instru	ered "Yes," on Form 990, Part IV, line 5 (Proxy ctions), then					
 Section 501(c)(4), (4) Name of organization 	5), or (6) organizations: Complete Part III.		Employer iden	ntification number		
and the second sec	TY FOR THE BLIND		34-0714			
	te if the organization is exempt under	section 501(c) or is				
	tion of the organization's direct and indirect					
	ical campaign activities")					
	n activity expenditures (see instructions)					
	or political campaign activities (see instructio					
	te if the organization is exempt under					
1 Enter the amount	of any excise tax incurred by the organizatio	on under section 4955.	· · · · · · ▶ \$			
	of any excise tax incurred by organization m n incurred a section 4955 tax, did it file Form					
	made?					
b If "Yes," describe						
Part I-C Comple	te if the organization is exempt under	section 501(c), exc	ept section 501(c)(3)).		
	directly expended by the filing organizatio					
2 Enter the amount	of the filing organization's funds contributed	d to other organization	ns for section			
	ction expenditures. Add lines 1 and 2. Er					
5 Enter the names, organization mad the amount of po	nization file Form 1120-POL for this year? addresses and employer identification numb e payments. For each organization listed, er litical contributions received that were pron	per (EIN) of all section nter the amount paid to aptly and directly deliv	527 political organiza from the filing organiza vered to a separate pol	ations to which the filing ation's funds. Also enter litical organization, such		
	regated fund or a political action committee (
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)		-				
(2)		-				
(3)		-				
(4)		-				
(5)		-				
(6)		-				
For Paperwork Reductio	n Act Notice, see the Instructions for Form 990 o	r 990-EZ	Schedule	C (Form 990 or 990-EZ) 2018		

JSA 8E1264 1.000 1277MF K369

Sch	edule C (Form 990 or 990-EZ) 2018			Page Z
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group meml	ber's name,
в	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	bly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c c c	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1 Lobbying nontaxable amount. Enter the second seco	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	columns. If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)		
ł	Subtract line 1g from line 1a. If zero or le	ess, enter -0		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
		· · · · · · · · · · · · · · · · · · ·		Yes No
		4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					÷
c Total lobbying expenditures					
d Grassroots nontaxable amount					15
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C	(Form 990	or 990-EZ	2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed –		a)	(b)	
	cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			1	
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а			Х		
b	Volunteers?		X		
c	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
e	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	v		60,000.	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
1	Other activities?		Х		
1	Total. Add lines 1c through 1i		2	60,000.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912		0		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or se	ection	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	2	2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
с	Total	-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1G

CAPITOL PARTNERS IS ENGAGED FOR THE PURPOSE OF LEARNING ABOUT NEW

POSSIBLE LEGISLATION, ADVOCATING FOR FUNDING OPPORTUNITIES, AND GENERAL

AWARENESS FOR CAUSES RELATED TO PEOPLE WHO ARE BLIND OR VISUALLY

IMPAIRED.

SCHEDULE D)
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

8

Depa	artment of the Treasury	100000 and 100	Attach to Form 99).		Open to Public
	nal Revenue Service	Go to www.irs.gov/	Form990 for instructions	and the latest inform		Inspection
Nam	e of the organization				Employer identification	tion number
CLI		TY FOR THE BLIND			34-071465	52
Pa		tions Maintaining Donor Adv			r Accounts.	
	Complete	if the organization answered	"Yes" on Form 990, I	Part IV, line 6.		
			(a) Donor advis	ed funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4		t end of year				
5	Did the organizati	ion inform all donors and donor	advisors in writing that	at the assets held	in donor advised	
	funds are the orga	nization's property, subject to the	organization's exclusiv	e legal control? .		Yes No
6		on inform all grantees, donors, a				
		purposes and not for the bene				
	conferring imperm	issible private benefit?				Yes No
Pa		tion Easements.	10000000 KM 10000 0000000000 6			
	Complete	if the organization answered	"Yes" on Form 990, I	Part IV, line 7.		
1	Purpose(s) of con	servation easements held by the	organization (check all t	hat apply).		
	Preservation	n of land for public use (e.g., rec	reation or education)	Preservation	of a historically imp	portant land area
	Protection of	of natural habitat		Preservation	of a certified histor	ric structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization he	eld a qualified conserva	tion contribution in		
	easement on the I	ast day of the tax year.			Held at the	End of the Tax Year
a	Total number of co	onservation easements		a ananana a ananan	2a	
b	Total acreage rest	tricted by conservation easements	s		2b	
C	Number of conser	vation easements on a certified	historic structure include	ed in <mark>(</mark> a)	2c	
d	Number of conser	rvation easements included in (o	acquired after 7/25/0	6, and not on a		
	historic structure li	isted in the National Register.			2d	
3	Number of conser	rvation easements modified, trar	sferred, released, extin	guished, or termin	nated by the organ	ization during the
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is loca	ted >		
5		ation have a written policy reg				
		orcement of the conservation ea				Yes No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violation	s, and enforcing cor	nservation easements	during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violation	ns, and enforcing c	conservation easem	ents during the year
	▶\$					
8		vation easement reported on line 2		201	and the second sec	
)(4)(B)(ii)?				Yes No
9		be how the organization reports				
		d include, if applicable, the text of		ganization's financ	cial statements that of	describes the
D		ounting for conservation easeme		acuras or Othe	r Oimilar Acasta	
Pa		tions Maintaining Collections e if the organization answered			ar Similar Assets.	
1a	works of art, hist	n elected, as permitted under Sf orical treasures, or other simila vide, in Part XIII, the text of the fo	ar assets held for pub	lic exhibition, edu	ication, or researc	h in furtherance of
b	If the organization works of art, hist	n elected, as permitted under s orical treasures, or other simila vide the following amounts relati	SFAS 116 (ASC 958), ar assets held for pub	to report in its r	evenue statement	and balance sheet
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1				~
	(ii) Assets include	d in Form 990, Part X				~
2	If the organization	n received or held works of a	rt, historical treasures,	or other similar	assets for financia	l gain, provide the
	following amounts	required to be reported under S	FAS 116 (ASC 958) rel	ating to these item	IS:	210000 020 020
а	Revenue included	on Form 990, Part VIII, line 1				

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

b

►\$

Schedule D (Form 990) 2018

Schee	dule D (Form 990) 2018										age 2
Pa	rt III Organizations Maintaini	ng Collections of	Art, His	torical Tr	easures,	or Other	Similar As	sets (co	ontinue	ed)	
3	Using the organization's acquisition	on, accession, and c	ther rec	ords, cheo	ck any of	the follow	ring that are	a signit	ficant	use c	of its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan	or exchai	nge program	ns				
b	Scholarly research		е	Other							
С	Preservation for future gener	rations									
4	Provide a description of the organ	nization's collections	and ex	plain how	they furt	ner the org	ganization's	exempt	purpos	se in	Part
	XIII.										
5	During the year, did the organization								\$222		
	assets to be sold to raise funds rath		ained as	part of the	organizat	ion's collec	ction?		Yes		No
Pa	rt IV Escrow and Custodial A			000	Dent N/ I	0					
	Complete if the organiza	tion answered "Ye	s on Fo	orm 990,	Part IV, I	ne 9, or r	eported an	amount	on Fo	orm	
	990, Part X, line 21.	1 10 11									
1a	Is the organization an agent, truste							1			
	included on Form 990, Part X?							• • •	Yes		No
D	If "Yes," explain the arrangement in	n Part XIII and comp	lete the	tollowing ta	ible:	2					
-	Persing belongs						A	mount			
	Beginning balance					1c					
	Additions during the year					1d					
e	Distributions during the year					1e					
2a	Ending balance					1f	account liabi	lity 2	Yes		No
	If "Yes," explain the arrangement in		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	and the second part of the second				1 Control of the second se	1 (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		
	rt V Endowment Funds.	IT FAIT AIII. CHECK HE		explanatio	IT Has bee	i provideu					-
ra	Complete if the organiza	tion answered "Ye	s" on Fo	orm 990	Part IV I	ine 10					
		(a) Current year		rior year		years back	(d) Three year	rs back	(e) Four	vears	hack
4.	Designing of year belongs	90,932,403.	10 . The second s	93,297.	80 28 6	36,871.	78,320,				570.
1a	Beginning of year balance	1,834,612.		11,595.		21,176.		101.			797.
D	Contributions						/				
C	Net investment earnings, gains,	-4,584,626.	13,1	92,317.	1.8	09,566.	7,575,	371.	. 317,3		347.
d	Grants or scholarships							A CONTRACTOR OF CONTRACT			
	Other expenditures for facilities				8		24	<i>3</i> -			
e	and programs	4,421,732.	4,6	64,806.	1,1	74,316.	4,590,	193.	4,	334,	122.
f	Administrative expenses										
	End of year balance	83,760,657.	90,9	32,403.	82,2	93,297.	81,636,	871.	78,	320,	592.
2	Provide the estimated percentage	of the current year e	and halar	nce (line 1c	column (a)) held as					
a	Board designated or quasi-endown	ent ► 45.8200	%		, column	u)) noid do	-				
b	Permanent endowment > 36.6	5700 %									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.								
3a	Are there endowment funds not in	the possession of th	e organi	zation that	are held	and admir	nistered for th	е			
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as requ	ired on Sc	hedule R?				3b		
4	Describe in Part XIII the intended u		tion's end	dowment fu	inds.			3	×.		2.0
Pa	rt VI Land, Buildings, and Equ Complete if the organization	lipment.	on F	orm 000	Dort IV	ino 110 (Soo Earm 0	00 Dar	t V lin	0 10	
	Description of property	(a) Cost or			or other bas		cumulated		Book va		•
	;;	(invest		(other)	depr	eciation	147			
1a	Land				978,96						966.
b	Buildings			13,	706,049	5,1	40,056.		8,5	65,9	989.
С	Leasehold improvements										
d	Equipment				248,958	12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	76,877.)81.
	Other				044,490		86,001.				189.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	1 990, Pa	nt X, colun	nn (B), line	10c.)		1	10,6	/5,5	25.

Schedule D (Form 990) 2018

Investments - Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) LONG TERM INVESTMENTS 83,760,658. FMV (B) (C) (D) (E) (F) (G) (H) 83,760,658. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) 🕨 Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CUSTODIAL ACCOUNTS (3) OBLIGATIONS UNDER ANNUITY AGRE 201,261 (4) (5) (6)(7) (8) (9)201,261. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedule D (Form 990) 2018

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Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,457,378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a -6,011,158.		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-6,011,158.
3	Subtract line 2e from line 1	3	11,468,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		6
a	Investment expenses not included on Form 990 Part VIII line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	-20,457.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,448,079.
Part		ırn.	
8	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,228,972.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		a
a	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	20,457.
3	Subtract line 2e from line 1	3	11,208,515.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		2
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		11,208,515.
Part			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, li	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

SEE PAGE 5

JSA 8E1271 1.000

Part XIII Supplemental Information (continued)

PART V, LINE 4

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

PART X, LINE 2:

THE SOCIETY IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES, AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). IN ADDITION, THE SOCIETY QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A).

THE SOCIETY IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS BEFORE 2015 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 POSITIONS 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 DECEMBER 31, 2018, THE SOCIETY HAD NO ACCRUED TAXES, INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE SOCIETY ESTIMATES THE UNRECOGNIZED TAX BENEFIT WILL NOT CHANGE SIGNIFICANTLY WITHIN THE NEXT

Part XIII Supplemental Information (continued)

TWELVE MONTHS.

PART XI, LINE 4B

LOSS ON DISPOSAL OF ASSETS: \$(20,457)

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	ne organization answer organization entered n	ed "Yes" on hore than \$1	Form 990, P 5,000 on For	art IV, line 17, 18, or 1 m 990-EZ, line 6a.	9, or if the	2018
Department of the Tenerum		Attach	to Form 990	or Form 990	-EZ.		Open to Public
Department of he Treasury Internal Revenue Service	►G	o to www.irs.gov/Forms	990 for instr	uctions and	the latest instructions.	1	Inspection
Name of the organization						Employer identificat	ion number
CLEVELAND SOCIES						34-0714652	
	ing Activities. Com 0-EZ filers are not r				"Yes" on Form	990, Part IV, line	e 17.
E SAME AND A	the organization rais		•		activities. Check a	all that apply.	
a Mail solicita		e			non-government g		
	email solicitations	f	2 D		government grant		
c Phone solici	itations	g	2 D	-	ising events		
d In-person so	olicitations				9		
b If "Yes," list the	tion have a written or s listed in Form 990, 10 highest paid indiv least \$5,000 by the o	Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-9	4	4
1			2,				
2			2)		45	7	7.
3		0	4		4	7 ₀	
4		5	4		A	6	- K.
5		0	4		4	V	
6		6	-6		-s	7a	
7		0	4		4	5.	
8					4		
9		10	-		6		
10		10	-		6		
Total	which the organizat	ion is registered o		►	contributions or	has been notified	t it is exempt from

registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018

Page 2

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

					I	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
2 Less: Co 3 Gross in line 2) . 4 Cash priz 5 Noncash 6 Rent/fac 7 Food and 8 Entertain 9 Other dir 10 Direct ex 11 Net inco Part III Gam		SPELLBOUND	WHITE CANE WAL	1.	(add col. (a) through col. (c))	
			(event type)	(event type)	(total number)	coi. (c))
jue l						
è	1	Gross receipts	306,207.	82,375.	13,825.	402,407.
Re		Less: Contributions		82,375.	7,250.	387,207.
	3	Gross income (line 1 minus	101/0011	01,0101	1/2001	001/201
	Ŭ	line 2)	8,625.		6.575.	15,200.
-		(mo 2)	070201			10/2001
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs		7,004.	8,733.	15,737.
Expe	7	Food and beverages	59,262.			59,262.
Direct	8	Entertainment				
	9	Other direct expenses				
	4.0	Disat and a second seco			20	74 000
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn(a)	🏲	74,999.
		Net income summary. Subtract li				-59,799.
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered " le 6a.	Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve	No.				,	
œ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs			· · · · · · · · · · · · · · · · · · ·	
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 8 1	1	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	. Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		uring the tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Department Attach to Form 990. Department Department <thdepartment< th=""> <thdepartment< th=""> <thd< th=""><th></th><th>Form 990 For certain Officers. Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part VI, line 23.</th><th>omb No. 1</th><th>1545-00</th><th>047</th></thd<></thdepartment<></thdepartment<>		Form 990 For certain Officers. Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part VI, line 23.	omb No. 1	1545-00	047				
Information Core oww.ir.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employe identification number of 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. Yes No 1a Check the appropriate box(se) 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. Yes No 910, Part VII, Section A, for a person listed on Form 900, Part VII, Section A, line 1a, white 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 Discretionary spending account Housing approximate the schecked 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 Di dite organization follows a mice policy regarding the lines checked on line 1a? 2 1a 3 Indicate which, if any, of the following the filing organization oused to establish the compensation or the effect organization? 2 2 2 2 2 2 2 2 2 2	Departm	ant of the Treasury					Open to	Pub	olic
CLEVELIAND SOCIETY FOR THE BLIND 34-0714652 PartI Questions Regarding Compensation 1a 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. 1a 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 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described boxe? If 'No,' complete Part III to politin. 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? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, regarding the items checked on line 1a? 1b 2 Compensation committee Independent compensation consultat X Compensation committee I Approval by the board or compensation ortifiete 4 During the severace payment from, a supplemental nonqualified reterment plan?, 11 'Yes' on ine 5a of 5b, describe in Part III. 5a X 4 During the severace payment from, a supplemental nonqualified reterment plan?, 11 'Yes' on inin 5a of 5b, describe in Part III. 5a X <th></th> <th></th> <th></th> <th></th> <th>r instructions and the latest information.</th> <th></th> <th></th> <th></th> <th>n</th>					r instructions and the latest information.				n
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compensation Compensation Compensation Part III. Image: Compensation Compensation Comparison Comp		ALCONTRACTOR AND			Em			r	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provided any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization regarding these items. Image: Check the appropriate box(es) if the organization of box awriten policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain methods used by a related organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, put explain in Part III. 2 Did the organization committee independent compensation committee independent compensation contract. Written employment contract. 1 Morepression subtant if "Worther employment contract. Written employment contract. 1 Morepression source of payment? Morther employment contract. 2 Participate in, or receive payment from, a supplemental nonqualified retirement plan? Morther employment contract. 1 Morten employment contract. Morten employment contract. Morten employment contract. 2 Participate in, or receive payment from, a supplemental nonqualified retir	100 C					34-071465	52		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Part	Question	ns Regarding Compensation						0.57
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence 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? II "No," complete Part III to explain. 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? 3 Indicate which, if any, of the following the fling organization used to establish cheorepresition of the organization consultant X X Compensation committee X M Compensation commutee X X Compensation consultant X X Compensation consultant X X Compensation or relead organizations Approval by the board or compensation or the review payment from, an equit/based compensation arrangement?. 4a X Participate in, or receive payment from, an equit/based compensation arrangement?. 4a X Participate in, or receive payment from, an equit/based compensation arr	1a	Check the ap	propriate box(es) if the organization pro	vide	d any of the following to or for a person	listed on For	m	Yes	No
Image: Trave for companions Trave for companions Trave indemnification and gross-up payments in the attrave indemnification and gross-up payments in the attrave index of an initiation fees Trave indemnification and gross-up payments in the attrave index of the asimal chauffeur, cheft) 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 and 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? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the cropanization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultant is compensation committee Image:		990, Part VII,	Section A, line 1a. Complete Part III to	provi	de any relevant information regarding th	nese items.			
Image: Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chuffeur, 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 all of the expenses described above? If No,* complete Part III to all of the expenses described above? If No,* complete Part III to all of the expenses described above? If No,* complete Part III to all of the expenses described above? If No,* complete Part III to all of the expenses described above? If No,* complete Part III to all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the fling organization used to establish the compensation of the organization or establish compensation of the CEO/Executive Director, but explain an Part III. X Compensation committee X Written employment contract Imdependent compensation comsultant X Compensation committee X A 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 Approval by the board or compensation committee X Abb X 4 D Approval by the board organization pay or accrue any compensation contingent on the revenues of: Any related organization? Sa		First-cla	iss or charter travel		Housing allowance or residence for pe	ersonal use			
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Schedule J (Form 990) 2018

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.

	L	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LARRY BENDERS	(i)	223,283.	0.	0.	10,201.	8,471.	241,955.	0.
1 ^{PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN KRENCISZ	(i)	148,550.	0.	0.	6,690.	310.	155,550.	0.
2 ^{CHIEF FIN. & ADMIN. OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL MCMANAMON	(i)	133,852.	0.	0.	5,756.	21,216.	160,824.	0.
3 ^{CHIEF INFORMATION OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)						3	
4	(ii)					9		
	(i)					9		
5	(ii)							
	(i)						-	
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)						1	
	(i)						1	
9	(ii)						1	
	(i)						1	
10	(ii)						1	
	(i)						1	
11	(ii)						1	
	(i)						1	
12	(ii)						1	
	(i)						1	
13	(ii)						1	
	(i)							3
14	(ii)							3
	(i)						1	
15	(ii)						1	
	(i)						1	
16	(ii))			1	

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES CSC OPERATES HIGHBROOK LODGE CAMP, AN AMERICANS WITH DISABILITIES (ADA) ACCESSIBLE RESIDENCE CAMP LOCATED IN CHARDON, OHIO. ESTABLISHED IN 1928 HIGHBROOK IS THE LONGEST CONTINUOUSLY OPERATING CAMP FOR PEOPLE WITH BLINDNESS OR VISUAL IMPAIRMENTS. ACCREDITED BY THE AMERICAN CAMP ASSOCIATION (193 CAMPER EXPERIENCES). RECREATION SERVICES INCLUDE ACTIVITIES SUCH AS SAILING, GOLF, TANDEM BIKING, CRAFTS, LINE DANCING, SOCIAL CLUBS, BOOK DISCUSSION GROUPS, AND AUDIO-DESCRIBED THEATER FOR PERSONS WHO ARE BLIND OR VISUALLY IMPAIRED (118 RECREATION EXPERIENCES).

CSC PROVIDES ASSISTIVE TECHNOLOGY AND OTHER SERVICES, INCLUDING RETAIL SALES OF AIDS SUCH AS MAGNIFIERS, "TALKING" ITEMS, AND LARGE PRINT ACCESSORIES. 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. (OPEN YEAR-ROUND, SERVING 2,300 CLIENTS). BRAILLE AND LARGE PRINT MATERIALS ARE PRODUCED AND PROVIDED TO INDIVIDUALS TO READ INFORMATION NEEDED FOR SCHOOL, BUSINESS, AND LEISURE, STAFFED IN PART BY VOLUNTEERS TRAINED BY THE LIBRARY OF CONGRESS. A RADIO READING SERVICE IS PROVIDED THROUGH CLEVELAND SIGHT CENTER'S NETWORK ("CSCN") BROADCASTING AS A SUBCARRIER OF SCPN 90.3, ON WVIZ-TV CHANNEL 25.9, AND ON CLEVELANDSIGHTCENTER.ORG. CSC ALSO PROVIDES CUSTOMIZED AUDIO FOR CLIENT NEEDS AT HOME, SCHOOL, AND WORK. ACCESSIBLE TEMPORARY HOUSING IS AVAILABLE TO CLIENTS WHO ARE RECEIVING TRAINING AT CSC OR ARE PARTICIPATING IN OUR SUMMER YOUTH WORK

Employer identification number 34-0714652

EXPERIENCE PROGRAM.

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

THE PRESIDENT/EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER, AND MEMBERS OF THE BUDGET AND FINANCE COMMITTEE OF THE BOARD AS WELL AS THE FULL BOARD OF TRUSTEES HAVE THE OPPORTUNITY TO REVIEW PRIOR TO THE FILING OF THE FORM 990. THE APPROVAL IS FORMALLY DOCUMENTED IN THE MINUTES OF THE FINANCE COMMITTEE.

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

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 THE PRESIDENT/EXECUTIVE DIRECTOR, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, HUMAN RESOURCES DIRECTOR AND/OR A COMMITTEE WITHIN THE BOARD OF DIRECTORS, PERFORMS COMPENSATION ANALYSIS USING AVAILABLE MARKET DATA AND BASED ON THE TYPE OF POSITION, NEEDS OF THE ORGANIZATION AND LEVEL OF EXPERIENCE OF THE CANDIDATE/EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19 CERTAIN GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2018	
Name of the organization	Employer identification number
CLEVELAND SOCIETY FOR THE BLIND	34-0714652

SECTION G, PAGE 1 OF FORM 990 TOTAL REVENUE IN ITEM G ON PAGE 1 OF FORM 990 REFLECTS \$18,086,392 IN GROSS RECEIPTS. THIS IS COMPRISED OF THE FOLLOWING, USING FIGURES FROM PAGE 9, PART VIII:

48,079
.52,520
574,999
10,794

\$18,086,392

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

 CHANGE IN VALUE OF BENEFICIAL TRUSTS
 \$(2,133,012)

 CHANGE IN VALUE OF ANNUITY AGREEMENTS
 \$(61,094)

\$(2,194,106)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVIC	ES	ATTACHMENT 1	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
HIGHBROOK LODGE CAMP & RECREATION SERVICES		549,125.	35,765.
ASSISTIVE TECHNOLOGY & OTHER SERVICES		263,883.	91,917.
TOTALS		813,008.	127,682.

ATTACHMENT 2

lame of the organization			Employer identific	ation number
CLEVELAND SOCIETY FOR THE BLIND			34-07146	552
FORM 990, PART IX - OTHER FEES			ATTACHMENT	2 (CONT'D)
DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER OUTSIDE SERVICES	1,437,853.	1,312,616.	89,147.	36,090.
SUBSCRIPTIONS AND PUBLICATIONS	34,895.	31,854.	2,163.	878.
OTHER PROFESSIONAL FEES	83,067.	75,832.	5,151.	2,084.
ASSOCIATION DUES	32,120.	29,323.	1,991.	806.
STAFF TRAINING & DEVELOPMENT	15,882.	14,498.	985.	399.
JICENSES & PERMITS	4,991.	4,557.	309.	125.
INTERVIEWING EXPENSE	2,248.	2,053.	139.	56.
PROFESSIONAL LICENSING	1,712.	1,563.	106.	43.
ASUAL LABOR	127.	116.	8.	3.
COTALS	1,612,895.	1,472,412.	99,999.	40,484.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

CLEVELAND SOCIETY FOR THE BLIND

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CSC REAL ESTATE, LLC			\$- 	2		
1909 EAST 101ST STREET	CLEVELAND, OH 44106	REAL ESTATE	OH		78,166.	N/A
(2)						
(3)				,		
(4)				,		
(5)			5			
(6)						
			2			

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	al domicile (state foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 512(b)(1) controlled entity?) 12(b)(13) rolled ity?		
					Yes	No
(1)	-					
(2)						
(3)	-				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
(4)	-					
(5)						
(6)						
(7)						

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

Schedule R (Form 990) 2018

OMB No. 1545-0047

2018

Open to Public

Inspection

Employer identification number 34-0714652

Schedule R (Form 990) 2018

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(b) (c) (d) Primary activity Legal Direct controlling domicile entity (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country)		0000000012 014			Yes	No		Yes	No	
(1)		2					8 1					
		24						, ,				
(2)	-											
(3)	2	s			0		· · · ·			·		
(4)	_											
· · · · · · · · · · · · · · · · · · ·		24				4		, ,		2 - 8		
(5)	-											
(6)	2	s - 5				5 4	·			·		
(7)		24 24										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(1 cont en	(i) ection (b)(1) ntrolle
							Yes	s No
9.								
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	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	Primary activity Legal domicile Direct controlling Type of entity (state or foreign entity (C corp, S corp, or trust)	Primary activity Legal domicile Direct controlling Type of entity Share of total (state or foreign entity (C corp, S corp, or trust) income	(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e) Type of entity (C corp, S corp, or trust) (f) Share of total income (g) Share of end-of-year assets		Primary activity Legal domicile Direct controlling Type of entity (state or foreign entity country) (C corp, S corp, or trust) (C

Schedule R (Form 990) 2018

Page 2

Part V

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
	Gift, grant, or capital contribution to related organization(s)	1b	
	Gift, grant, or capital contribution from related organization(s).	1c	
	Loans or loan guarantees to or for related organization(s)	1d	
	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
a	Sale of assets to related organization(s).	1g	0
h	Purchase of assets from related organization(s)	1h	0
I.	Exchange of assets with related organization(s).	1i	0
i i	Lease of facilities, equipment, or other assets to related organization(s).	1j	
12.13			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
Ĩ	Performance of services or membership or fundraising solicitations for related organization(s)	11	•
	Performance of services or membership or fundraising solicitations by related organization(s).	1m	•
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	•
	Sharing of paid employees with related organization(s)	10	-
U			
	Reimbursement paid to related organization(s) for expenses.	1p	
	Reimbursement paid to related organization(s) for expenses	1q	-
ч			
	Other transfer of cash or property to related organization(s)	1r	
	Other transfer of cash or property from related organization(s).	1s	-
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	0.000	
1000	(a) (b) (c)	(d)	5342
		of determ nt involve	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
JSA	Schedule R (F	orm 99) 2018
8E1309 1.00	oblication (
0E1309 1.00			

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and E N of entity	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No		Yes	No	Yes	No			
(1)													
(2)				÷ ,							8		4
(3)											15		4
(4)				-							8		4
(5)									· · · · · ·		15	-	
(6)			·	v					2		15	-	-
(7)			0								15		-9
(8)			-								j		-
(9)			0								j.		
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(11)				· · · · ·							12 1		4
(12)				-									4
(13)			<u></u>	· · · · ·				67					<u></u>
(14)				o <u></u>					· · · · ·				
(15)				<u>, s s</u>									
(16)				-									4

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.