(Rev. January 2020) Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning	and	enaing			
В	Check if applicable	C Name of organization			D Employer identifi	cation number	
	Addres	XAVIER SOCIETY FOR THE BLIND					
	Name change	Doing business as			13-5563026		
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numbe	r	
	Final return/	248 WEST 35TH STREET		1502	(212) 473-78	300	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	3,396,455.	
	Ameno return	NEW YORK, NY 10001			H(a) Is this a group r	eturn	
	Application	F Name and address of principal officer: Alon	ARD KENNEY		for subordinates	s? Yes 🗓 No	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No	
1	Tax-exe		(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)	
		e: WWW.XAVIERSOCIETYFORTHEBLIND.ORG			H(c) Group exemption	n number 🕨	
		- Summation	ssociation Other >	L Year	of formation: 1900	M State of legal domicile: NY	
P	_	Summary					
ď	1	Briefly describe the organization's mission or mos	significant activities: XAVIER	SOCIETY	FOR THE BLIND		
Governance		PROVIDES RELIGOUS READING MATERIALS,	PRIMARILY IN THE CATHOL	JIC			
rna	2	Check this box 🕨 🔙 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as:	sets.	
o Ve	3	Number of voting members of the governing body	(Part VI, line 1a)		3	9	
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			9	
S	5	Total number of individuals employed in calendar	year 2019 (Part V, line 2a)			7	
Activities &	6	Total number of volunteers (estimate if necessary)			6	9	
Ç	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7 <u>a</u>	0.	
_	<u> b</u>	Net unrelated business taxable income from Form	990-T, line 39		7b	0.	
					Prior Year	Current Year	
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			488,932.	586,970.	
Revenue	9				0.	0.	
ě	10	nvestment income (Part VIII, column (A), lines 3, 4		1,104,400.	484,762.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	e, 9c, 10c, and 11e)		40,887.	21,746.	
	12	Гotal revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		1,634,219.	1,093,478.	
	13	Grants and similar amounts paid (Part IX, column	A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (0.	0.		
S.	15	Salaries, other compensation, employee benefits (616,040.	631,012.	
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		55,900.	70,962.	
Ž	b	Гotal fundraising expenses (Part IX, column (D), lir	•				
ш	''	Other expenses (Part IX, column (A), lines 11a-11c			442,581.	481,935.	
	1	Γotal expenses. Add lines 13-17 (must equal Part			1,114,521.	1,183,909.	
_		Revenue less expenses. Subtract line 18 from line	12		519,698.	<u> </u>	
s or	9			Ве	ginning of Current Year	End of Year	
Net Assets	ਬੂ 20	Fotal assets (Part X, line 16)			13,174,378.	15,066,870.	
etA	21	Total liabilities (Part X, line 26)			69,548.	90,205.	
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		13,104,830.	14,976,665.	
			to the discount of the state of the			The second and the Bod State	
		ties of perjury, I declare that I have examined this return				y knowledge and belief, it is	
true	e, correc	, and complete. Declaration of preparer (other than offic	er) is based on all information of wi	nich preparer	nas any knowledge.		
٠.		Signature of officer			I Date		
Sig		, ,			Duto		
He	re	RICHARD KENNEY, TREASURER Type or print name and title					
_			D		Date Check [PTIN	
Do:	4	Print/Type preparer's name JAMES J. REILLY	Preparer's signature	.00	F/40/2020 if		
Pai	_		DOWNELLY LLP	uly !	T Com Compre	13-3628255	
	parer Only		- SAMMINI MINI		Firm's EIN ▶		
USE	only	Firm's address ONE PARRY PARK PLAZA NEW YORK, 1000	01/05		Dan no 212	2-661-7777	
N4c	v tha IT		260		17017110.212		
ivia	y trie it	S discuss this return with he representation ab	over the invariation 3)			X Yes No	

Check If Schedule O cortains a response or note to any line in this Part III If linely decide the origination mission: PROVIDE READING MATERIALS OF A REFIGIOUS MATURE TO THE SIGHT IMPAIRED, PROVIDE READING MATERIALS OF A REFIGIOUS MATURE TO THE SIGHT IMPAIRED, PROVIDE READING MATERIALS OF A REFIGIOUS MADE IN THE PROVIDE PROVIDED TO CLIDRED ON DEMAND. IN ADDITION, THE SOCIETY MANYARINS A LEBRON LIDERARY OF BOOKE IN INTERNAL MEDIA FORMAT, 2 Dot the origination undertake any significant program services during the year which were not listed on the prior Form 90 or 900 EZ? If Yes, 1 describe these new services on Schedule O. 3 Of the origination cases controlled, or make significant changes in how it conducts, any program services? If Yes, 2 describe these changes on Schedule O. 4 Describe the origination of service accomplishments for each of its tree largest program services, as measured by expenses. 3 Section 501(603) and 501(644) originatalines service accomplishments for each of its tree largest program services, as measured by expenses. 4 Section 501(603) and 501(644) originatalines service accomplishments for each of its tree largest program services, as measured by expenses. 4 Section 501(603) and 501(644) originatalines service accomplishments for each of its tree largest program services, as measured by expenses. 4 Section 501(603) and 501(644) originatalines are required to report the amount of grants and allocations to others, the total expenses. 4 Section 501(603) and 501(644) originatalines service accomplishments for seach of its tree largest program services, as measured by expenses. 4 Section 501(603) and 501(644) originatalines services accomplishments for services and allocations to others, the total expenses. 4 Section 501(603) and 501(644) originatalines services accomplishments for sealing services accomplishments for services and allocations to others, the total expenses. 4 Section 501(603) and 501(644) originatalines services accomplishments for services accomplishments for se	Pa	rt III Statement of Program Service Accomplishments	
PROVIDE READING MATRETALS OF A RELIGIOUS NATURE TO THE STORY INCOME THE SOCIETY MAINTAINS A REXTERSIVE REALIZE LIBERARY FROM MILEON PUBLICATIONS ARE PROVIDED TO CLIENTS ON DEMAND, IN ADDITION, THE SOCIETY MAINTAINS A LABORISE LIBERARY SOCKS IN EXCITATE MEDIA RESIDENCY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900 E27 If "Yes, "Centile these change on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If Yes, "Centile these change on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. Section 501(s) and 501(s)(s) grantizations are required to report the amount of grants and allocations to others, the total expenses, and recently in the services. ANALYSE SOCIETY FOR THE BLIMD IS (THE "SOCIETY") MATRITIANS INCIDED THE SURVAY MASS READINGS. IN 2019, APPROXIMATELY 1834 TITLES, 925 TO THE BRAILER LIBERARY AND 90 AND TATTLES, IN ADDITION TO SACRED SCRIPTURS, BUNDALS OF PRAYER, RELIGIOUS PERTHEOUS, PITC., THE SOCIETY" S PRINCIPAL ONCOING PERIODICALS TO THE SIGHT IMPAIRED. 40 (Code) (Expenses 3 365,650, Including parts of S PARCILITATED BASED ON THE WORK OF ANTHONY DEMBELLO SJ. 41 Other program services (Describe on Schedule O.) (Code) (Expenses 3 365,650, Including parts of S PARCILITATED BASED ON THE WORK OF ANTHONY DEMBELLO SJ. 42 Other program services (Describe on Schedule O.) (Code) (Expenses 3 365,650, Including parts of S PARCILITATED BASED ON THE WORK OF ANTHONY DEMBELLO SJ. 44 Other program services (Describe on Schedule O.) (Code) (Code) (Expenses 3 365,650, Including parts of S PARCILITATED BASED ON THE WORK OF ANTHONY DEMBELLO SJ. FORM 990 (2018)		Check if Schedule O contains a response or note to any line in this Part III	X
PRINCIPLY MAINTAINS AN EXTENSIVE BRAILER LIBRARY PROM MITCH PURILICATIONS ARE PROVIDED TO CLIBERS ON DEBMAN, IN ADDITION, THE SOCIETY MAINTAINS A LEMDING LIBRARY OF BOOKS IN DIGITAL MEDIA PORMAY, 2 Did the organization undertake any significant programs services during the year which were not listed on the prior form 900 or 1909 E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	1	Briefly describe the organization's mission:	
PUBLICATIONS ARE PROVIDED TO CLIBIN'S ON DENAND. IN ADDITION, THE SOCIETY MAINTAINS A LENDING LIBRARY OF BOOKS IN DIGITAL MEDIA FORMAT, Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-E27		PROVIDE READING MATERIALS OF A RELIGIOUS NATURE TO THE SIGHT IMPAIRED.	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27 prior Form 990 or 990 E27 If "Yes," describe these new services on Schedule 0. If "Yes," describe these new services on Schedule 0. Other organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No III "Yes," describe these changes on Schedule 0. Other organization o		THE SOCIETY MAINTAINS AN EXTENSIVE BRAILLE LIBRARY FROM WHICH	
2 Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-E2?		PUBLICATIONS ARE PROVIDED TO CLIENTS ON DEMAND. IN ADDITION, THE	
prior Form 900 or 900 CE27 Yes No 11 Yes, 'describe these new services on Schedule O. 12 Yes, 'describe these new services on Schedule O. 13 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No 11 Yes, 'describe these changes on Schedule O. 12 Describe the organization by program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(8) 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 expended. 40 Cook 16 18 18 18 18 18 18 18		SOCIETY MAINTAINS A LENDING LIBRARY OF BOOKS IN DIGITAL MEDIA FORMAT,	
B "Yes," describe these news services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes X No
H *Yes,* describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50*(c)(S) and 50*(c)(A) organizations are required to report the amount of grants and silocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (code:		If "Yes," describe these new services on Schedule O.	
4. Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(s) 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. 40 (code:	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
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 reverse. If any, for each program service reported. 42 (Code) (superses 355_659. including grants of \$		If "Yes," describe these changes on Schedule O.	
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 reverse. If any, for each program service reported. 42 (Code) (superses 355_659. including grants of \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
Tevenue, if any, for each program service reported 48 (Code:) (Insurers		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
TO DEFICIO AND FRACTICE HEBIT PAIRS. IN COCIETY*) MATERIALS INCLUDE THE SUNDAY MASS READINGS. IN 2019, APPROXIMATELY 1834 TITLES, 925 TO THE BRAILLE LIBRARY AND 393 AUDIO TITLES. IN ADDITION TO SACKED SCRIFTURE, MANUALS OF FRAVER, RELIGIOUS TEXTROOKS, ETC THE SOCIETY*) SPRINGERAL CANNON SERVICES ARE TO MAINTAIN A LENDING LIBRARY AND PROVIDE BOOKS AND PERIODICALS TO THE SIGHT IMPAIRED. 40 (Code.)(Expenses \$ 365,660. Including grants of \$) (Revenue \$) DEMBLIO GUIDED MEDITATION PROGRAM; AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code.)(Expenses \$ including grants of \$) (Revenue \$) Including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Expenses \$ including grants of \$) Form 990 (2018)			
TO DEFICIO AND FRACTICE HEBIT PAIRS. IN COCIETY*) MATERIALS INCLUDE THE SUNDAY MASS READINGS. IN 2019, APPROXIMATELY 1834 TITLES, 925 TO THE BRAILLE LIBRARY AND 393 AUDIO TITLES. IN ADDITION TO SACKED SCRIFTURE, MANUALS OF FRAVER, RELIGIOUS TEXTROOKS, ETC THE SOCIETY*) SPRINGERAL CANNON SERVICES ARE TO MAINTAIN A LENDING LIBRARY AND PROVIDE BOOKS AND PERIODICALS TO THE SIGHT IMPAIRED. 40 (Code.)(Expenses \$ 365,660. Including grants of \$) (Revenue \$) DEMBLIO GUIDED MEDITATION PROGRAM; AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code.)(Expenses \$ including grants of \$) (Revenue \$) Including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Expenses \$ including grants of \$) Form 990 (2018)	4a	(Code:) (Expenses \$ 365,659. including grants of \$) (Revenue \$)
MASS READINGS. IN 2019, APPROXIMATELY 1834 TITLES, 925 TO THE BRAILLE LIBRARY AND 993 AUDIO TITLES. IN ADDITION TO SACRED SCRIPTORS, MANUALS OF PRAYER, RELIGIOUS TEXTBOOKS, ETC., THE SOCIETY'S PRINCIPAL ONSOING SERVICES ARE TO MAINTAIN A LENDING LIBRARY AND PROVIDE BOOKS AND PERIODICALS TO THE SIGHT IMPAIRED. 46 (Code:) (Expenses \$		XAVIER SOCIETY FOR THE BLIND'S (THE "SOCIETY") MATERIALS ENABLE CLIENTS	
LIBRARY AND 909 AUDIO TITLES. IN ADDITION TO SACRED SCRIPTURE, MANUALS OF PRAYER, RELIGIOUS TEXTBOOKS, ETC THE SOCIETY'S PRINCIPAL ORGOING SERVICES ARE TO MAINTAIN A LEBDING LIBRARY AND PROVIDE BOOKS AND PERIODICALS TO THE SIGHT IMPAIRED. 4b (Code:) (Expenses &		TO DEVELOP AND PRACTICE THEIR FAITH. THE MATERIALS INCLUDE THE SUNDAY	
LIBRARY AND 909 AUDIO TITLES. IN ADDITION TO SACRED SCRIPTURE, MANUALS OF PRAYER, RELIGIOUS TEXTBOOKS, ETC THE SOCIETY'S PRINCIPAL ORGOING SERVICES ARE TO MAINTAIN A LEBDING LIBRARY AND PROVIDE BOOKS AND PERIODICALS TO THE SIGHT IMPAIRED. 4b (Code:) (Expenses &		MASS READINGS. IN 2019, APPROXIMATELY 1834 TITLES, 925 TO THE BRAILLE	
SERVICES ARE TO MAINTAIN A LENDING LIBRARY AND PROVIDE BOOKS AND PERIODICALS TO THE SIGHT IMPAIRED. 4b (Code ()(Expenses \$ 365,660. Including grants of \$) (Revenue \$) DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:)(Expenses \$			
SERVICES ARE TO MAINTAIN A LENDING LIBRARY AND PROVIDE BOOKS AND PERIODICALS TO THE SIGHT IMPAIRED. 4b (Code ()(Expenses \$ 365,660. Including grants of \$) (Revenue \$) DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:)(Expenses \$		OF PRAYER RELIGIOUS TEXTBOOKS ETC THE SOCIETY'S PRINCIPAL ONGOING	
PERIODICALS TO THE SIGHT IMPAIRED. 4b (Code:) (Expenses \$ 365,660. Including grants of \$			
4b (Code:) (Expenses \$ 365,660. Including grants of \$			
DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:) (Expenses \$			
DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:) (Expenses \$			
DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:) (Expenses \$			
DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:) (Expenses \$			
DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:) (Expenses \$			
DEMELLO GUIDED MEDITATION PROGRAM: AN INSTRUCTIVE PROGRAM WITH A FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:) (Expenses \$	41-	365 660	
FACILITATED BASED ON THE WORK OF ANTHONY DEMELLO SJ. 4c (Code:) (Expenses \$	4D)
4c (Code:) (Expenses \$			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$		FACIBITATED DADED ON THE WORK OF ANTHONY DEMBEDS 50.	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ *** 4e Total program service expenses > 1 *** Form 990 (2019)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ *** 4e Total program service expenses > 1 *** Form 990 (2019)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ *** 4e Total program service expenses > 1 *** Form 990 (2019)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ *** 4e Total program service expenses > 1 *** Form 990 (2019)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ *** 4e Total program service expenses > 1 *** Form 990 (2019)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ *** 4e Total program service expenses > 1 *** Form 990 (2019)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ *** 4e Total program service expenses > 1 *** Form 990 (2019)			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2	4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2			
(Expenses \$ including grants of \$) 4e Total program service expenses > 2	4d	Other program services (Describe on Schedule O.)	
4e Total program service expenses ANDANIA COON Form 990 (2019))
67 0 0 0 0 Form 990 (2019)	4e		
			Form 990 (2019)
	gggno		. 3 (2019)

13-5563026

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	·i		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the committation attach a copy of its audited financial statements this return?	20b		
21	Did the organization report more than \$,000 of craims or outer assistance to any do nestic organization or			
	domestic government on Part X, c um (/), ne 1? (es col fole). Sone fule I. Parts V inc V	21		х
932003	5 01-20-20	Form	990	(2019)
	- The state of the			,

Form 990 (2019) XAVIER SOCIETY FOR THE BLIN Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			17
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	200		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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 sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms cluded in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup with follung rules in rieportable, as ments to vendor and rigonial eighning			
	(gambling) winnings to prize winner ?	1c	X	
932004	¥ 01-20-20	Form	22U ((2019)

Form Par	990 (20	219) XAVIER SOCIETY FOR THE BLIND	13-556302	6	P	age 5
Pai	LV	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Vaa	Na
2a	Enter t	he number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
Zu		r the calendar year ending with or within the year covered by this return	2a 7			
b		ast one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За			,	За		х
		" has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
		time during the calendar year, did the organization have an interest in, or a signature or other a				
	financi	al account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes	," enter the name of the foreign country 🕨				
		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad				
5a		e organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b		y taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
С		" to line 5a or 5b, did the organization file Form 8886-T?		5c		├
6a		he organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_		
	,	ntributions that were not tax deductible as charitable contributions?		6a	 	X
р		," did the organization include with every solicitation an express statement that such contribution	•	C		
7		ot tax deductible? izations that may receive deductible contributions under section 170(c).		6b		
7	_	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
a b				7b		
C		e organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		15		
·		Form 8282?	•	7c		x
d		," indicate the number of Forms 8282 filed during the year	7d			
е		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		х
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the c	organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the c	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Spons	oring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponse	oring organization have excess business holdings at any time during the year?		88		
9	Spons	oring organizations maintaining donor advised funds.				
а	Did the	e sponsoring organization make any taxable distributions under section 4966?		9a	<u> </u>	<u> </u>
b				9b		
10		n 501(c)(7) organizations. Enter:	L I			
а		on fees and capital contributions included on Part VIII, line 12	10a			
b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		n 501(c)(12) organizations. Enter:	ا مدا			
a		income from members or shareholders	11a			
b		income from other sources (Do not net amounts due or paid to other sources against	11b			
12a		nts due or received from them.) n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
		" enter the amount of tax-exempt interest received or accrued during the year	12b	IZG		
13		n 501(c)(29) qualified nonprofit health insurance issuers.	120			
а		organization licensed to issue qualified health plans in more than one state?		13a		
		See the instructions for additional information the organization must report on Schedule O.				
b		he amount of reserves the organization is required to maintain by the states in which the				
	organi	zation is licensed to issue qualified health plans	13b			
С		he amount of reserves on hand	13c			
14a				14a		Х
b	If "Yes	," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess	parachute payment(s) during the year?		15		Х
		" see instructions and file Form 4720, Schedule N.				
16		organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes	," complete Form 47	<u> </u>		000	(00:-
		Taxpayer Co		Form	990	(2019
		I UNPUYUI OU	\smile y			
932005	01-20-20					

XAVIER SOCIETY FOR THE BLIND Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request

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

State the name, address, a phone number of the person who possesses the org tion's books and records MARGARET O'BRIEN -248 W. 35TH STREET,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
Name and title	hours per					than o		compensation	compensation	amount of
	week					r/trust		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloye	comp				and related
	below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ADRIAN KERRIGAN	2,00	드	드	10	32	E H	F			
PRESIDENT		x		х				0.	0.	0
(2) CAROLYN MARINO	2.00							-	-	
SECRETARY		х		х				0.	0.	0
(3) RICHARD KENNEY	2.00									
TREASURER		х		х				0.	0.	0
(4) FR. FRANCIS HILTON	2.00									
VICE CHAIR		Х		Х				0.	0.	0
(5) MIKE ROBINSON	1.00									
BOARD MEMBER		Х						0.	0.	0
(6) BEATA HARVIN	1.00									
BOARD MEMBER		Х						0.	0.	0
(7) DANIEL MORRISON	1.00									
BOARD MEMBER		Х						0.	0.	0
(8) KITTY WYNNE	1.00									
BOARD MEMBER	1 00	Х	_					0.	0.	0
(9) BREANDAN WARD BOARD MEMBER	1.00	x						0.	0.	_
(10) MALACHY FALLON	40.00	^						0.	0.	0
EXECUTIVE DIRECTOR	10.00			х				172,554.	0.	23,566
									- •	
		1								
		1								
]								
		<u> </u>	_							
		-								
——— —	2/2		•	/				Cop	X /	
	1 X ();	4	1						V	
932007 01-20-20	MY M	1	')						' y	Form 990 (201

	Section A. Officers, Directors, Trus		l	ccs,			Jiies					/F\	
	(A)	(B) (C) Average Position							(D)	(E)	_	(F)	
	Name and title	Average hours per week	box	not cl , unles cer an	neck r ss per	more son is	than o	an an	Reportable compensation from	Reportable compensation from related		stimat mount other	of
		(list any	tor						the	organizations	con	npensa	
		hours for	r direc				ted		organization	(W-2/1099-MISC)	1	rom th	
		related	stee o	rustee			ensat		(W-2/1099-MISC)		1 '	ganiza	
		organizations below	al tru	onal t		oloyee	comp					id rela	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizat	ions
											+		
	Subtotal								172,554.	0	-	23	,566
	Total from continuation sheets to Part V								0.	0	-	22	0 ,566
	Total (add lines 1b and 1c) Total number of individuals (including but r							o re	172,554. ceived more than \$100,		•	23	, 366
	compensation from the organization									· 			T
3	Did the organization list any former officer	. director, trust	ee. k	ev e	lam	ove	e. or	hial	nest compensated emp	ovee on		Yes	No
	line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		•	·	•	3		х
4	For any individual listed on line 1a, is the s												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J fo	or such individual		4	Х	
5	Did any person listed on line 1a receive or	•				•		elate	d organization or individ	lual for services			
	rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ıch <u>r</u>	pers	on .				5		Х
	tion B. Independent Contractors Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ntra	actor	s th	at received more than \$	100.000 of compens	ation fr	om	
	the organization. Report compensation for												
	(A)								(B)			C)	
	Name and business	address	NO	NE				+	Description of s	ervices	Compe	ensatio	n
								+					
								\dashv					
	Total number of independent and ractors (including but no	ot lin	nited	to t	thos	e lis	ted a	abozonaho received mo	ore than			
2	\$100,000 of compensation from the organ			1			V		()				

			-010/			FOR	THE BLIND			13-556302	6 Page 9
Pa	rt V	/	Statement of Re	ver	nue						
			Check if Schedule O	cont	ains a resp	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						1					sections 512 - 514
nts nts	1		Federated campaigns								
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			_					
s, (Am			Fundraising events								
a ë			Related organizations								
s, imi			Government grants (conti								
i tio		f	All other contributions, gifts,								
₽₽			similar amounts not included	d abo			586,970.				
gg		-	Noncash contributions included in								
<u>0 g</u>		h	Total. Add lines 1a-1f					586,970.			
							Business Code				
<u>e</u>	2	а									
er		b									
n S		С									
Program Service Revenue		d									
roc		e									
-			All other program service								
	3		Total. Add lines 2a-2f								
	3		Investment income (included the similar amounts)					358,200.			358,200.
	4		other similar amounts) Income from investment of								000,200.
	5		Royalties		=	-					
	3		noyaliles		(i) Re	al	(ii) Personal				
	6	•	Gross rents	6a	H		() 1 01001141				
	Ū		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	_	1		•				
	7		Gross amount from sales of		(i) Secu	rities	(ii) Other				
	•	_	assets other than inventory	7a			` '				
		b	Less: cost or other basis		1						
ē		-	and sales expenses	7b	2,302	,977.					
evenue		С	Gain or (loss)			,562.					
Rev			Net gain or (loss)		•			126,562.			126,562.
ē	8		Gross income from fundraisi								
Other					of						
			contributions reported on	line	1c). See						
			Part IV, line 18			. 8a	15,962.				
		b	Less: direct expenses				0.				
		С	Net income or (loss) from	fund	draising ev	ent <u>s</u>	>	15,962.			15,962.
	9	а	Gross income from gamir	ng ad	ctivities. Se	ee					
			Part IV, line 19								
		b	Less: direct expenses			. 9b					
		С	Net income or (loss) from	gan	ning activit	ies	>				
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
-		С	Net income or (loss) from	sale	s of invent	ory	>				
2			OMILED				Business Code	E 504			E 504
eor Je	11		OTHER				900099	5,784.		-	5,784.
llan æn		b								-	
Miscellaneous Revenue		C	All alls an over the second					_			
Ξ̈́			All other revenue			 7 1		N 5 16/	ODI		
	10		Total Add lines 11a-110			Z Z	171 V	1 093 478	0	0.	506,508.
03300	12		Total revenue. See instruc	UHS	<u></u>	~		1 055, ₹0.		y °.	Form 990 (2019)

Secti	on 501(c)(3) and 501(c)(4) organizations must comple				
D:	Check if Schedule O contains a responsi	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 100	425 004	24 540	0.7.5.7.7
	trustees, and key employees	196,120.	136,994.	31,549.	27,577
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 067	202 145	50.640	46 500
7	Other salaries and wages	328,267.	228,146.	53,612.	46,509
8	Pension plan accruals and contributions (include	04 000	15.000	2 544	2 22
	section 401(k) and 403(b) employer contributions)	24,807.	17,969.	3,544.	3,294
9	Other employee benefits	45,870.	33,225.	6,554.	6,091
10	Payroll taxes	35,948.	26,039.	5,136.	4,773
11	Fees for services (nonemployees):				
	Management				
	Legal			1- 0-0	
	Accounting	17,500.	1,225.	15,050.	1,225
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	70,962.			70,962
f	Investment management fees	80,048.		80,048.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	23,548.	1,648.	20,252.	1,648
12	Advertising and promotion				
13	Office expenses	46,780.	36,656.	5,062.	5,062
14	Information technology				
15	Royalties				
16	Occupancy	107,511.	107,511.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,666.	10,666.		
23	Insurance	11,352.	8,514.	1,419.	1,419
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUBCONTRACTED PUBLICATI	98,188.	63,365.		34,823
b	OTHER	45,315.	31,027.	8,606.	5,682
С	SERVICE CONTRACTS	39,666.	26,973.		12,693
d	SUBCONTRACTED TRANSCRIP	1,361.	1,361.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,183,909.	731,319.	230,832.	221,758
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint co ols from a combined				
	educational campaign and fundraising scrict tion. Check here if following SOP 8-2 (\$6 9 8-7 d)	72110	rio	my	

Part X Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			137,361.	1	249,368
	2	Savings and temporary cash investments		338,465.	2	301,895	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Donat and a company of the form of the company			25,830.	9	24,04
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	98,670.			
	b	Less: accumulated depreciation	10b	87,816.	21,520.	10c	10,854
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	11		12,546,585.	12	14,391,41
	13	Investments - program-related. See Part IV, line	78,164.	13	80,968		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			26,453.	15	8,32
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	13,174,378.	16	15,066,87
	17	Accounts payable and accrued expenses		32,052.	17	55,13	
	18	Grants payable		18			
	19	Deferred revenue		37,496.	19	35,07	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
န္	22	Loans and other payables to any current or for	mer offic	er, director,			
Ĕ∣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D		<u> </u>		25	
	26	-			69,548.	26	90,205
_s		Organizations that follow FASB ASC 958, ch	eck her				
၁၁		and complete lines 27, 28, 32, and 33.			12 022 244		14 700 050
<u>a</u>	27	Net assets without donor restrictions			12,922,344.	27	14,788,950
ĕ	28	Net assets with donor restrictions			182,486.	28	187,715
<u> </u>		Organizations that do not follow FASB ASC	eck here				
<u>2</u>		and complete lines 29 through 33.					
13	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			12 104 020	31	14 076 66
ž	32	Total net assets or fund balances			13,104,830.	32	14,976,665
	33	Total liabilities and net assets/fund balances			13,174,378.	33	15,066,870 Form 990 (201

Form **990** (2019)

Taxpayer Copy

Form	n 990 (2019) XAVIER SOCIETY FOR THE BLIND	13-55630	26	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,093,	478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,183,	909.
3	Revenue less expenses. Subtract line 2 from line 1	3		-90,	431.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,104,	830.
5	Net unrealized gains (losses) on investments	5	1	,962,	266.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	,976,	665.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2019)