

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning and ending

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>XAVIER SOCIETY FOR THE BLIND                                  |   | <b>D</b> Employer identification number<br>13-5563026 |
|  | Doing business as  |   | <b>E</b> Telephone number<br>(212) 473-7800           |
|  | Number and street (or P.O. box if mail is not delivered to street address)                     | Room/suite  |   |
|  | 248 WEST 35TH STREET<br>1502   |   | <b>G</b> Gross receipts \$ 3,396,455.                 |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10001 |   |   |
| <b>F</b> Name and address of principal officer: RICHARD KENNEY<br>SAME AS C ABOVE  |  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |   |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.XAVIERSOCIETYFORTHEBLIND.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1900 **M** State of legal domicile: NY

| Part I Summary  |   | Prior Year                               | Current Year               |
|---|---|--|----------------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: XAVIER SOCIETY FOR THE BLIND PROVIDES RELIGIOUS READING MATERIALS, PRIMARILY IN THE CATHOLIC |  |                            |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                  |  |                            |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | 3  | 9                          |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | 4  | 9                          |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | 5  | 7                          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | 6  | 9                          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | 7a                                       | 0.                         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39             | 7b  | 0.                                       |                            |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | 488,932.                                 | 586,970.                   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 0.                                       | 0.                         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,104,400.                               | 484,762.                   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 40,887.                                  | 21,746.                    |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,634,219.                               | 1,093,478.                 |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.                                       | 0.                         |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                                       | 0.                         |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 616,040.                                 | 631,012.                   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 55,900.                                  | 70,962.                    |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,758.   |  |                            |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 442,581.                                 | 481,935.                   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,114,521.  | 1,183,909.                               |                            |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 519,698.  | -90,431.                                 |                            |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year<br>13,174,378. | End of Year<br>15,066,870. |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 69,548.                                  | 90,205.                    |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 13,104,830.                              | 14,976,665.                |

**Part II Signature Block**

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

|   |   |  |                        |   |                   |
|---|---|--|------------------------|---|-------------------|
| <b>Sign Here</b>  | Signature of officer                                      | Date   |                        |   |                   |
|   | RICHARD KENNEY, TREASURER<br>Type or print name and title |  |                        |   |                   |
| <b>Paid Preparer Use Only</b>                                 | Print/Type preparer's name<br>JAMES J. REILLY             | Preparer's signature<br><i>James J. Reilly</i> | Date<br>5/19/2020      | Check if self-employed <input type="checkbox"/> | PTIN<br>P00183769 |
|   | Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP       | Firm's EIN ▶ 13-3628255                        | Phone no. 212-661-7777 |   |                   |
| Firm's address ▶ ONE PARKWAY PARK PLAZA<br>NEW YORK, NY 10001 |   |  |                        |   |                   |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROVIDE READING MATERIALS OF A RELIGIOUS NATURE TO THE SIGHT IMPAIRED. THE SOCIETY MAINTAINS AN EXTENSIVE BRAILLE LIBRARY FROM WHICH PUBLICATIONS ARE PROVIDED TO CLIENTS ON DEMAND. IN ADDITION, THE SOCIETY MAINTAINS A LENDING LIBRARY OF BOOKS IN DIGITAL MEDIA FORMAT,

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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 365,659. including grants of \$ ) (Revenue \$ ) XAVIER SOCIETY FOR THE BLIND'S (THE "SOCIETY") MATERIALS ENABLE CLIENTS TO DEVELOP AND PRACTICE THEIR FAITH. THE MATERIALS INCLUDE THE SUNDAY MASS READINGS. IN 2019, APPROXIMATELY 1834 TITLES, 925 TO THE BRAILLE LIBRARY AND 909 AUDIO TITLES. IN ADDITION TO SACRED SCRIPTURE, MANUALS OF PRAYER, RELIGIOUS TEXTBOOKS, ETC.. THE SOCIETY'S PRINCIPAL ONGOING 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 \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 731,319



Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and gambling winnings.

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

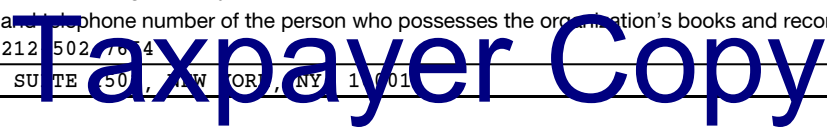
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 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 [ ] Other (explain on Schedule O)
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

MARGARET O'BRIEN - 212 502 7764
248 W. 35TH STREET, SUITE 507, NEW YORK, NY 10011



**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 nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ADRIAN KERRIGAN<br>PRESIDENT          | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) CAROLYN MARINO<br>SECRETARY           | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) RICHARD KENNEY<br>TREASURER           | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) FR. FRANCIS HILTON<br>VICE CHAIR      | 2.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) MIKE ROBINSON<br>BOARD MEMBER         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) BEATA HARVIN<br>BOARD MEMBER          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) DANIEL MORRISON<br>BOARD MEMBER       | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) KITTY WYNNE<br>BOARD MEMBER           | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) BREANDAN WARD<br>BOARD MEMBER         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MALACHY FALLON<br>EXECUTIVE DIRECTOR | 40.00   |  |                       | X       |              |                              |        | 172,554.   | 0.  | 23,566.   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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

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**Part VIII Statement of Revenue**

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

|  |  |  | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns  | <b>1a</b>            |                                    |                            |  |  |
|  | <b>b</b>   | Membership dues  | <b>1b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Fundraising events   | <b>1c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Related organizations  | <b>1d</b>            |                                    |                            |  |  |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>            |                                    |                            |  |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 586,970.                           |                            |  |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$                                 |                            |  |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f  |                      | 586,970.                           |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   |  | <b>Business Code</b> |                                    |                            |  |  |
|  | <b>b</b>   |  |                      |                                    |                            |  |  |
|  | <b>c</b>   |  |                      |                                    |                            |  |  |
|  | <b>d</b>   |  |                      |                                    |                            |  |  |
|  | <b>e</b>   |  |                      |                                    |                            |  |  |
|  | <b>f</b>   | All other program service revenue  |                      |                                    |                            |  |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f  |                      |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts)   |                      | 358,200.                           |                            | 358,200.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                             |                      |                                    |                            |  |  |
|  | <b>5</b>   | Royalties  |                      |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents  | (i) Real             |                                    |                            |  |  |
|  |  |  | (ii) Personal        |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | <b>b</b>   | Less: rental expenses  | <b>6b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Net rental income or (loss)  |                      |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                         | (i) Securities       |                                    |                            |  |  |
|  |  |  | (ii) Other           |                                    |                            |  |  |
|  |  |  |                      | 2,429,539.                         |                            |  |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 2,302,977.                         |                            |  |  |
|  | <b>c</b>   | Gain or (loss)   | <b>7c</b>            | 126,562.                           |                            |  |  |
| <b>d</b>   | Net gain or (loss)   |  | 126,562.             |                                    | 126,562.                   |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 |  |                      |                                    |                            |  |  |
|  |  |  | 15,962.              |                                    |                            |  |  |
|  |  | <b>8a</b>  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses  | <b>8b</b>  | 0.                   |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events   |  | 15,962.              |                                    | 15,962.                    |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  | <b>9a</b>  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses  | <b>9b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities  |  |                      |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances  |  |                      |                                    |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  |  | <b>10a</b>   |                      |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold   | <b>10b</b>   |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory   |  |                      |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | OTHER  | 900099               | 5,784.                             |                            | 5,784.   |  |
|  | <b>b</b>   |  |                      |                                    |                            |  |  |
|  | <b>c</b>   |  |                      |                                    |                            |  |  |
|  | <b>d</b>   | All other revenue  |                      |                                    |                            |  |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11c  |                      |                                    | 5,784.                     |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions   |  |                      | 1,093,478.                         | 0.                         | 506,508.   |  |

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**Part IX Statement of Functional Expenses**

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

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

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

Check here  if following SOP 8-2 (8-C998-7-0)

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**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 137,361.                 | <b>1</b>    | 249,368.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 338,465.                 | <b>2</b>    | 301,895.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                    |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 25,830.                  | <b>9</b>    | 24,047.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 98,670.       |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 87,816.       | 21,520.     | <b>10c</b> 10,854. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 12,546,585.              | <b>12</b>   | 14,391,413.        |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 78,164.                  | <b>13</b>   | 80,968.            |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 26,453.                  | <b>15</b>   | 8,325.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 13,174,378.  | <b>16</b>                | 15,066,870. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 32,052.                  | <b>17</b>   | 55,134.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   | 37,496.                  | <b>19</b>   | 35,071.            |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>   |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 69,548.                  | <b>26</b>   | 90,205.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 12,922,344.              | <b>27</b>   | 14,788,950.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 182,486.                 | <b>28</b>   | 187,715.           |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 13,104,830.              | <b>32</b>   | 14,976,665.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 13,174,378.              | <b>33</b>   | 15,066,870.        |

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**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,093,478.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,183,909.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -90,431.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 13,104,830. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,962,266.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 14,976,665. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

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