**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A I	or the	2022 calendar year, or tax year beginning	and	enaing					
<b>B</b> (	Check if applicable	C Name of organization			D Employer ident	ification numb	er		
	Addres								
	Name change	Doing business as			13-556302	16			
	Initial return Final	Number and street (or P.O. box if mail is not de 248 WEST 35TH STREET	,	Room/suite 1502	E Telephone num 212-473-78				
	return/ termin ated			1302	G Gross receipts \$		5,252,488.		
	Amend		ZIP or foreign postal code		H(a) Is this a group return				
	return Applic	·	FDANCIS HILTON		<b>-</b>		es X No		
	tion pendir	g SAME AS C ABOVE	idinell lillion		for subordina	******			
	Fav. av.		(inport no.) 4047(a)(1)	or 507	H(b) Are all subordinate		es No		
	Nebsit		(insert no.) 4947(a)(1)	or 527	7 '	na list. See instr	uctions		
		<u>.                                    </u>	ssociation Other	I Vaar	<b>H(c)</b> Group exemp of formation: 1900	M State of legal	I domicile: NY		
Pa	art I	Summary	SSOCIATION OTHER	<b>L</b> 16a1	of formation, 1900	I WI State of legal	i domiche,		
	_	Briefly describe the organization's mission or most	significant activities: XAVIER	SOCIETY	FOR THE BLIND				
S	'	PROVIDES RELIGOUS READING MATERIALS,							
nan	2	·	ntinued its operations or dispos		than 25% of its net	assets			
Ver	3	Number of voting members of the governing body			ı	3	9		
Ĝ	4	Number of independent voting members of the governing bedy				4	9		
∞ ∞	5	Total number of individuals employed in calendar y				5	6		
iţie	6	Total number of volunteers (estimate if necessary)				6	9		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co				'a	0.		
Ă	b	Net unrelated business taxable income from Form				'b	0.		
					Prior Year		nt Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)			533,296	5. 1	1,603,533.		
	9	. (5 1)(11 1: 6)			· · · · · · · · · · · · · · · · · · ·	).	0.		
	10	Investment income (Part VIII, column (A), lines 3, 4		1,054,054	1.	406,517.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			2,66		3,694.		
	1	Total revenue - add lines 8 through 11 (must equal			1,590,01	7. 2	2,013,744.		
	_	Grants and similar amounts paid (Part IX, column (			(	).	0.		
	1	Benefits paid to or for members (Part IX, column (A			(	).	0.		
S	15	Salaries, other compensation, employee benefits (I	694,760	).	685,042.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		(	0.			
be	. b	Total fundraising expenses (Part IX, column (D), line		769.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d			497,360	).	559,688.		
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		1,192,120	_	L,244,730.		
	19	Revenue less expenses. Subtract line 18 from line	12		397,89	_	769,014.		
OF				Ве	ginning of Current Yea	_	f Year		
Net Assets or	20	Total assets (Part X, line 16)			18,344,45		5,454,811.		
T As	21	Total liabilities (Part X, line 26)			61,062	_	524,385.		
		Net assets or fund balances. Subtract line 21 from Signature Block	line 20		18,283,392	2. 15	5,930,426.		
	art II		to to die e e e e e e e e e e e e e e e e e e				46.0.606		
		Ities of perjury, I declare that I have examined this return,				my knowledge an	a deliet, it is		
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wi	nich preparer	nas any knowledge.				
۰:	_	Signature of officer			I Date				
Sig		orginatary or orneor			5415				
Her	е	Type or print name and title							
			Droparor's signature		Date Check	PTIN			
Paid	1	Print/Type preparer's name ALEXANDER LAZZARUOLO	Preparer's signature  Alexander Lazza		3/25/2023 self-em		353		
	parer	Firm's name CONDON O'MEARA MCGINTY &		www C	Firm's EIN	13-3628255			
	Only	Firm's address ONE BATTERY PARK PLAZA, 7'			7 IIIII 3 LIIV				
	,	NEW YORK, NY 10004	-		Phone no 2	12-661-7777			
Mav	v the IF	S discuss this return with the preparer shown abo	ve? See instructions		[ 1 Holle Ho. =	X Ye	s No		
	,	and and result with the property direction about					_ 110		

Form	1 990 (2022) XAVIER SOCIETY FOR THE BLIND	13-5563026	Page 2
Pa	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		Х
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?	Ves	X No
Ū	If "Yes," describe these changes on Schedule O.		110
4	•	accured by every	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	ına
_	revenue, if any, for each program service reported.		
4a		* \$	)
	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 2022, APPROXIMATELY 2,226 TITLES, 1248 TO THE		
	BRAILLE LIBRARY AND 978 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 \$ including grants of \$) (Revenue	Φ.	١
40	Code: ) (Expenses \$ ) (Hevenue		,
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 759,910.		
		Form	990 (2022)

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
10	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,	io		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
D		446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	ا		•
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2022)		SOCIETY			
Part IV Ch	cklist of Required	Schedu	les (	contir	nued)

	Continued)		Vaa	N <sub>a</sub>				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No_				
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х				
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			ı				
	Schedule J	23	x	ı				
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			ı				
	Schedule K. If "No," go to line 25a	24a		Х				
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?							
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?							
	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		Х				
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			ı				
	Schedule L, Part I	25b		Х				
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%			ı				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х				
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			ı				
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ı				
	'Yes," complete Schedule L, Part IV							
b	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			ı				
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ı				
	contributions? If "Yes," complete Schedule M	30		X				
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? If "Yes," complete			ı				
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			17				
	Part V, line 1	34		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		ı				
00	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?	00		v				
27	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х				
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	l				
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38						
	Check if Schedule O contains a response or note to any line in this Part V							
	Shook it Gorioddio G contains a response of flote to any line in this fact v		Vaa	No				
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	140				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11 17  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
U	(gambling) winnings to prize winners?	1c	х					

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 6								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		.,					
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/A						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N/A						
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11	11,11						
0	N/A	8							
9	Sponsoring organization nave excess business noidings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	Ü							
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders N/A 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c								
C 1/10	Did the apprincipation program on the few independence of the few independence	1/10		Х					
14a h	16 10 4 11 11 11 11 11 11 11 11 11 11 11 11 1	14a 14b							
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי <u>י</u>							
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17							
	If "Yes," complete Form 6069.								
			200						

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XAVIER SOCIETY FOR THE BLIND Form 990 (2022) XAVIER SOCIETY FOR THE BLIND 13-5563026 Page

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.	u 110 1	оорол	00						
	Check if Schedule O contains a response or note to any line in this Part VI			Х						
Sec	tion 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 1a	9		.,,,						
	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 1b	9								
2										
	officer, director, trustee, or key employee?	2		х						
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?	3		х						
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?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		х						
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		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.0	v							
40	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Λ							
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?  The organization's CEO, Executive Director, or top management official	15a	Х							
a b	Other officers or key employees of the organization	15b	X							
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130								
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
104	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	102								
17	List the states with which a copy of this Form 990 is required to be filedNY									
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)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •								
	X Own website X 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, ar	nd finan	cial							
	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									
	MALACHY FALLON - 212-473-7800			_						
	248 WEST 35TH STREET 1502 NEW YORK NY 10001									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization no (A)	(B)	. 5,5		(C)				(D)	(E)	(F)
Name and title	Average			Position				Reportable	Reportable	Estimated
Name and the	hours per		(do not check mor			son is both an		compensation from	compensation from related	amount of
	week		officer and a dire			director/trustee)				other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ap.			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	trustee		ap.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MALACHY FALLON	40.00	=	=	0		Ξ ω	-			
EXECUTIVE DIRECTOR	-	1		х				186,685.	0.	43,028.
(2) FR. FRANCIS HILTON	2.00							,		•
PRESIDENT		х		х				0.	0.	0.
(3) BREANDAN WARD	2.00									
VICE PRESIDENT		х		х				0.	0.	0.
(4) KITTY WYNNE	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) CAROLYN MARINO	1.00									
FORMER SECRETARY (UNTIL:NOV/2022)		Х		Х				0.	0.	0.
(6) BEATA HARVIN	2.00									
FORMER BOARD MEMBER (UNTIL:DEC/2022)		Х						0.	0.	0.
(7) DANIEL MORRISON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MIKE ROBINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PAUL FONTAINE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DONNA CRILLY	1.00									
BOARD MEMBER		Х				_		0.	0.	0.
(11) INES CHISHOLM	1.00	1								
BOARD MEMBER		Х				_		0.	0.	0.
		_								
						_				
		-								
		-								
						-				
		1								
		-	-			$\vdash$				
		1								
		1								
	I	i .	i .	ı	i .	1	l	i	i	

	t VII   Section A. Officers, Directors, Trus	(B)	ees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E)								$\top$		(F)	
	Name and title	Average							Reportable	Reportable			mate	<b>.</b> 4
	Name and title	hours per		not cl					compensation	compensation			ount	
		week		cer an					from	from related			ther	01
		(list any	tor	<u> </u>					the	organizations		comp		tion
		hours for	direc				D.		organization	(W-2/1099-MISC	/	-	m th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga		
		organizations	trust	al tru		iyee	ed uic		1099-NEC)	•		and	relat	ed
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Jer				orgar	nizati	ons
		line)	Indi	Insti	Officer	Key	High emp	Former			$\perp$			
			1											
											一			
			1											
											十			
			1											
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		+									+			
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			1											
41.	Outhors								186 685		0.		13	028.
1b	Subtotal								186,685.		-+		43,	
	Total from continuation sheets to Part VI										0.		4.2	0.
	Total (add lines 1b and 1c)								186,685.		0.		43,	028.
2	Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization											Τ,	<b>4</b>	1
											П		Yes	No
3	Did the organization list any former officer													
	line 1a? If "Yes," complete Schedule J for s	uch individual										_	- 1	Х
	For any individual listed on line 10, in the au										.	3		
4		um of reportable		mpe	nsa	tion	and	oth	ner compensation from the	ne organization	•		_	
4	and related organizations greater than \$150	um of reportabl 0,000? If "Yes,	" co	mpe mple	nsa ete S	tion Sche	and andedule	oth <i>J f</i>	ner compensation from the compensation from the compensation from the compensation of	ne organization			Х	
<b>4</b> <b>5</b>	and related organizations greater than \$150 Did any person listed on line 1a receive or a	um of reportable 0,000? <i>If</i> "Yes, accrue compen	" co	mpe mple on fr	nsate ete S om a	tion Sche any	and dule unre	oth <i>J fo</i> late	ner compensation from the such individualed organization or individual	ne organization	.		Х	
	and related organizations greater than \$150	um of reportable 0,000? <i>If</i> "Yes, accrue compen	" co	mpe mple on fr	nsate ete S om a	tion Sche any	and dule unre	oth <i>J fo</i> late	ner compensation from the such individualed organization or individual	ne organization			Х	Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	um of reportable 0,000? <i>If</i> "Yes, accrue compen	" co	mpe mple on fr	nsate ete S om a	tion Sche any	and dule unre	oth <i>J fo</i> late	ner compensation from the such individualed organization or individual	ne organization		4	X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com-	um of reportabl 0,000? If "Yes, accrue compen nplete Schedule	" co nsatio	mple on fr	ete S om a	tion Sche any perse	and edule unre	oth <i>J fo</i> late	ner compensation from the for such individualed organization or individual	ne organization		5		
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors	um of reportable 0,000? If "Yes, accrue compended of the schedule of the sched	" co nsations e <i>J fo</i> depe	mple mple on fr or su	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the such individualed organization or individualed organization or individual	ne organization lual for services 100,000 of comper		5		
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)	um of reportable 0,000? If "Yes, accrue compennete Schedule ompensated industrial the calendar years."	" co nsations e <i>J fo</i> depe	mple mple on fr or su	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the for such individualed organization or individual	ne organization lual for services 100,000 of comperent		4 5 on fror	n	X
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for	um of reportable 0,000? If "Yes, accrue compennete Schedule ompensated industrial the calendar years."	" co nsations e <i>J fo</i> depe	mple on fr or su nder	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the for such individualed organization or individual	ne organization lual for services 100,000 of comperent		4 5 on fror	n	Х
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)	um of reportable 0,000? If "Yes, accrue compennete Schedule ompensated industrial the calendar years."	" co. nsati e <i>J f</i> o deper	mple on fr or su nder	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the for such individualed organization or individual	ne organization lual for services 100,000 of comperent		4 5 on fror	n	Х
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)	um of reportable 0,000? If "Yes, accrue compennete Schedule ompensated industrial the calendar years."	" co. nsati e <i>J f</i> o deper	mple on fr or su nder	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the for such individualed organization or individual	ne organization lual for services 100,000 of comperent		4 5 on fror	n	Х
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5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)	um of reportable 0,000? If "Yes, accrue compennete Schedule ompensated industrial the calendar years."	" co. nsati e <i>J f</i> o deper	mple on fr or su nder	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the for such individualed organization or individual	ne organization lual for services 100,000 of comperent		4 5 on fror	n	Х
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5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)	um of reportable 0,000? If "Yes, accrue compennete Schedule ompensated industrial the calendar years."	" co. nsati e <i>J f</i> o deper	mple on fr or su nder	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the for such individualed organization or individual	ne organization lual for services 100,000 of comperent		4 5 on fror	n	Х
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)	um of reportable 0,000? If "Yes, accrue compennete Schedule ompensated industrial the calendar years."	" co. nsati e <i>J f</i> o deper	mple on fr or su nder	ete S om a ech p	tion Sche any perso	and edule unre on .	oth  J for late	ner compensation from the for such individualed organization or individual	ne organization lual for services 100,000 of comperent		4 5 on fror	n	Х
5 Sec 1	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)  Name and business	um of reportable 0,000? If "Yes, accrue compen- inplete Schedule impensated ind the calendar yes address	" co.nsati	ompe mple on fr or su nder endin	ensate Soom a charach part co	ontra	and dule unre	oth J for late	ner compensation from the for such individual	lual for services  100,000 of comperear.  ervices		4 5 on fror	n	Х
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest conthe organization. Report compensation for (A)	um of reportable 0,000? If "Yes, accrue compen inplete Schedule impensated ind the calendar ye is address	" co.nsati	ompe mple on fr or su nder endin	ensate Soom a charach part co	contraction Scheen Sche	and dule unre	oth J for late	ner compensation from the for such individual	lual for services  100,000 of comperear.  ervices		4 5 on fror	n	Х

232008 12-13-22

Form 990 (2022) XAVIER SOC.
Part VIII Statement of Revenue

			Check if Schedule O contains a res	onse i	or note to any lin	e in this Part VIII			
			Cricci ii Geriedale O contains a res	301130	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				T					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns1a	1					
ira Ou			Membership dues 1b	-					
s, ( Am			Fundraising events 10						
Sift Iar		d	Related organizations 10						
s, ( mi		е	Government grants (contributions) 16						
ion		f	All other contributions, gifts, grants, and						
but			similar amounts not included above 1f		1,603,533.				
ÖĘ		q	Noncash contributions included in lines 1a-1f	\$	247,819.				
Sor		-	Total. Add lines 1a-1f			1,603,533.			
					Business Code				
•	2	а							
je									
er, ne		b							_
n S		С							
Program Service Revenue		d	_						
roç		е							
₽			All other program service revenue		•				
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends						
			other similar amounts)			344,654.			344,654.
	4		Income from investment of tax-exempt						
	5		Royalties						
			(i) Re	eal	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		•				
	7		Gross amount from sales of (i) Secu	rities	(ii) Other				
	_	_	assets other than inventory <b>7a</b> 3,300	607.					
		h	Less: cost or other basis	,					
ø			and sales expenses	744					
Revenue		_		,863.					
eve		٠.				61,863.			61,863.
ت R	_		Net gain or (loss)		T	01,003.			01,003.
ther	8	а	Gross income from fundraising events (not						
ŏ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising ev						
	9	а	Gross income from gaming activities. Se	ee					
			Part IV, line 19	. 9a					
		b	Less: direct expenses	. 9b					
		С	Net income or (loss) from gaming activit	ies					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a	1				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invent						
			•		Business Code				
sno	11	а	MISC REVENUE		900099	3,694.			3,694.
Miscellaneous Revenue	•	b				,			, , ,
∋lla Ver		C							
Sce			All other revenue						
Ξ						3,694.			
	12		Total Add lines 11a-11d			2,013,744.	0.	0.	410,211.
	12		Total revenue. See instructions			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı	<u>.                                    </u>	,

232009 12-13-22

# Form 990 (2022) XAVIER SOCIETY FOR FORM 1971 IX Statement of Functional Expenses

Check if Schedule O contains a responsion on the include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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,				
trustees, and key employees	229,713.	160,272.	36,846.	32,595
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	324,193.	224,377.	53,230.	46,586
8 Pension plan accruals and contributions (include	-	·	·	
section 401(k) and 403(b) employer contributions)	35,597.	25,700.	5,125.	4,772
9 Other employee benefits	55,592.	40,137.	8,003.	7,452
10 Payroll taxes	39,947.	28,841.	5,751.	5,355
11 Fees for services (nonemployees):				
a Management				
<b>b</b> Legal	1,260.		1,260.	
c Accounting	34,847.		34,847.	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	92,262.		92,262.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	22,228.	5,332.	1,701.	15,195
12 Advertising and promotion	54.264	44.255	5 004	
13 Office expenses	54,364.	44,357.	5,004.	5,003
14 Information technology				
15 Royalties	114,893.	96 170	14 262	14 261
16 Occupancy	114,093.	86,170.	14,362.	14,361
17 Travel				
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	2 200	2 200		
22 Depreciation, depletion, and amortization	3,329.	3,329. 9,353.	1,558.	1,558
23 Insurance	12,469.	9,353.	1,556.	1,556
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.)				
a SUBCONTRACTED PUBLICATI	127,269.	62,995.		64,274
b OTHER	52,109.	31,387.	10,558.	10,164
c SERVICE CONTRACTS	40,276.	33,278.	544.	6,454
d SUBCONTRACTED TRANSCRIP	4,382.	4,382.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,244,730.	759,910.	271,051.	213,769
<b>Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

# Form 990 (2022) Part X Balance Sheet

Part	<b>A</b>	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			(B)
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			402,186.	1	659,324
	2	Savings and temporary cash investments			256,642.	2	370,364
	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, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
&	9	B			12,476.	9	24,10
-	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	102,434.			
	b	Less: accumulated depreciation		98,667.	3,332.	10c	3,76
-	11	Investments - publicly traded securities			17,574,341.	11	14,832,60
-	12	Investments - other securities. See Part IV, Iir				12	
-	13	Investments - program-related. See Part IV, lin			87,152.	13	72,03
-	14	Intangible assets			14		
-	15	Other assets. See Part IV, line 11	8,325.	15	492,61		
.	16	Total assets. Add lines 1 through 15 (must e			18,344,454.	16	16,454,81
	17	Accounts payable and accrued expenses			33,274.	17	13,00
.	18	Grants payable		18			
.	19	Deferred revenue			27,788.	19	27,09
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ہ ا ی	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
<u> </u>		controlled entity or family member of any of t				22	
ړ   ڐ	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	•	·	0.	25	484,280
2	26	Total liabilities. Add lines 17 through 25			61,062.	26	524,38
		Organizations that follow FASB ASC 958, o	heck her	e X			
es		and complete lines 27, 28, 32, and 33.					
<u>ء</u> ا	27				18,082,210.	27	15,743,67
ga l	28	Net assets with donor restrictions			201,182.	28	186,75
밀		Organizations that do not follow FASB ASC					
ឨ		and complete lines 29 through 33.					
<u>ة</u>   يَ	29	Capital stock or trust principal, or current fun	ds			29	
;  še	30	Paid-in or capital surplus, or land, building, or				30	
¥ÿ   ;	31	Retained earnings, endowment, accumulated				31	
<b>-</b>	32	Total net assets or fund balances			18,283,392.	32	15,930,426
	33	Total liabilities and net assets/fund balances			18,344,454.	33	16,454,811

Pai	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	2,	013,	744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	244,	730.
3	Revenue less expenses. Subtract line 2 from line 1	3		769,	014.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,	283,	392.
5	Net unrealized gains (losses) on investments	5	-3,	121,	980.
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	15,	930,	426.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** XAVIER SOCIETY FOR THE BLIND 13-5563026 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendary year (or fiscal year beginning in)   (a) 2018	Sec	ction A. Public Support						
1 Giffs, grants, contributions, and membership teer received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization contributions and the services of recipilities furnished by a governmental unit to the organization without charge. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3	Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any 'unusual grants')	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge and the portion of total contributions by each person (other than a governmental unit tor publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) possible support. Servetive strore line 4.  8 Public support. Servetive strore line 4.  8 Possible support servetive strore line 4.  9 Possible suppor		membership fees received. (Do not						
ization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  5 Public support. Solvae the 5 ton line 5.  8 Public support solvae the 5 ton line 5.  8 Gross income from interest. dividends, payments received on securities blans, rents, royaltes, and income from interest. dividends, payments received on securities blans, rents, royaltes, and income from interest. dividends, payments received on securities blans, rents, royaltes, and income from interest. dividends, payments received on securities blans, rents, royaltes, and income from interest. dividends, payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments received on securities blans, rents, royaltes, and income from interest. dividends payments are securities blans, rents, royaltes, and income from interest. dividends payments are securities blans, rents, royaltes, and rents are securities. dividends payments are secu		include any "unusual grants.")	488,932.	586,970.	2,190,575.	533,296.	1,603,533.	5,403,306.
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on saccurities loans, rents, royalties, and income from interest, dividends, payments received on saccurities loans, rents, royalties, and income from similar sources  9 Net income from interest, dividends, payments received on saccutities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 900 is for the organization if sirts, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 Schedule A, Part II, line 14  15 First 5 years. If the Form 900 is for the organization of the oth check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2022. If the organization of check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here.  15 In the organization meets the facts-and-circumstances test. The organization on line 1 is not here to year postage or organization  15 I	2	Tax revenues levied for the organ-						
The value of services or facilities furnished by a governmental unit to the organization without change  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Schradt line 5 them text.  8 Cercitor B. Total Support  2 January 1 (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from ismilar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization did not check the box on line 13, and line 14 is 33 1/3% support text. 2022 (life for organization of the Computation of Public Support Percentage  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 Public support percentage from 2021 Schedule A, Part II, line 14  17 Public support percentage from 2021 Schedule A, Part II, line 14  18 Public support percentage from 2021 Schedule A, Part II, line 14  18 Public support percentage from 2021 Schedule A, Part II, line 14  18 Public support percentage from 2021 Schedule A, Part II, line 14  19 Signal support percentage from 2021 Schedule A, Part II, line 14  19 Signal support percentage from 2021 Schedule A, Part II, line 14  19 Signal support percentage from 2021 Schedule A, Part II, line 14  10 Signal support percentage from 2021 Schedule A, Part II, line 14  10 Signal support percentage from 2021 Schedule A, Part II, line 14  10 Signal support percentage from 2021 Schedule A, Part II, line 14  10 Signal support percentage from 2021 Schedule A, Part II, line 14  10 Signal support percentage from 2021 Schedule A, Part II, line 14		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge to the organization without charge to the organization without charge to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 488,932, \$86,970. 2,190,575. \$533,296. 1,603,533. 5,403,306.  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Colorarctive 5 from fire 4  Section B. Total Support  Zalendary year (or fiscal year beginning in) 488,932. \$86,970. 2,190,575. \$533,296. 1,603,533. 5,403,306.  Rorss income from ine 4 488,932. \$86,970. 2,190,575. \$533,296. 1,603,533. 5,403,306.  Gross income from inerest, dividends, payments received on securities lonar, rents, royalties, and income from inimitar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part VI).  Total support. Add lines? Ithrough 10  Total support. Add lines? Ithrough 10  First 5 years if the Form 990 is for the organization if sirts, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization of promities as publicly supported organization  Total support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  17 Total support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  18 First 5 years if the Form 990 is for the organization of inch check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,702,348. 6 Public support. Subtract line's from line 4 3,700,958. Section B. Total Support  Zalendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Portion B. Total Support and the support service of the subtraction of the support service		the organization without charge						
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	488,932.	586,970.	2,190,575.	533,296.	1,603,533.	5,403,306.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,702,348.  6 Public support. Subtract line 5 from line 4 3,700,958.  Section B. Total Support  7 Amounts from line 4 488,932. 586,970. 2,190,575. 533,296. 1,603,533. 5,403,306.  8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 384,711. 358,200. 271,395. 344,916. 344,654. 1,703,876.  9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 27,936. 5,784. 2,184. 2,667. 3,694. 42,265.  11 Total support. Add lines 7 through 10 27,936. 5,784. 2,184. 2,667. 3,694. 42,265.  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 5,77 % (15 5,73 1) % organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 57,31 % or more, check this box and stop here. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box on a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organiza	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,702,348.  8 Public support. Subractime 5 from line 4 3,700,958.  8 Public support. Subractime 5 from line 4 3,700,958.  8 Public support. Subractime 5 from line 4 3,700,958.  8 Cross income from line 4 488,932. 586,970. 2,190,575. 533,296. 1,603,533. 5,403,306.  8 Cross income from line 4 488,932. 586,970. 2,190,575. 533,296. 1,603,533. 5,403,306.  8 Cross income from line 4 488,932. 586,970. 2,190,575. 533,296. 1,603,533. 5,403,306.  9 Net income from similar sources 384,711. 358,200. 271,395. 344,916. 344,654. 1,703,876.  9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 27,936. 5,784. 2,184. 2,667. 3,694. 42,265.  11 Total support. Add lines 7 through 10 27,936. 5,784. 2,184. 2,667. 3,694. 42,265.  12 Cross receipts from related activities, etc. (see instructions) 12  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,702,346.  6 Public support. Subtract line 5 from line 4.  6 Public support Subtract line 5 from line 4.  7 Amounts from line 4 2 3,700,958.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 384,711. 358,200. 271,395. 334,916. 344,654. 1,703,876.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 27,936. 5,784. 2,184. 2,667. 3,694. 42,265. 17,149,447. 12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(8) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2022 (line 6, column (f), divided by line 11, column (f)) 14 51.77 9, 163 31/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test 2021. If the organization qualifies as a publicly supported organization meets the facts-and-circumstances test 2021. If the organization qualifies as a publicly supported organization of the organization meets the facts-and-circumstances test 2021. If the organization qualifies as a publicly supported organization of more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as								
amount shown on line 11, column (f)  6 Public support. Subtract live 5 from line 4.  Section B. Total Support  Zalendar year (or fiscal year beginning in)  7 Amounts from line 4.  8 Gross income from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  384,711.  358,200.  271,395.  344,916.  344,654.  1,703,876.  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  27,936.  5,784.  2,184.  2,667.  3,694.  42,265.  11 Total support. Add lines 7 through 10  3 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2021 Schedule A, Part II, line 14  15 Total support percentage from 2021 Schedule A, Part II, line 14  16 31/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test.		supported organization) included						
column (f) 1,702,348, 3,700,958. Section B. Total Support Subtract line 5 from line 4		on line 1 that exceeds 2% of the						
column (f) 1,702,348, 3,700,958. Section B. Total Support Subtract line 5 from line 4		amount shown on line 11,						
Section B. Total Support  Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  27, 936. 5,784. 2,184. 2,667. 3,694. 42,265.  11 Total support. Add lines 7 through 10  28 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage from 2021 Schedule A, Part II, line 14  15 Jan 17/3 support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  1 b 10 fifth organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  1 b 10 fifth organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  1 b 10 fifth organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  1 b 10 fifth organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  1 b 10 fifth organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  1 b 10 fifth organization meets the facts-and-circumstances test.		column (f)						1,702,348.
Section B. Total Support    Calendar year (of fiscal year beginning in)   (a) 2018   (b) 2019   (c) 2020   (d) 2021   (e) 2022   (f) Total	6							3,700,958.
7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  27,936, 5,784, 2,184, 2,667, 3,694, 42,265.  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12				<u>'</u>	•			
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and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17:							
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b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·			=		_	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	L		-	•				
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	i.		_					0/0 UI
						-		
TO FITYALE POUNDATION: IT THE OFGANIZATION ON THE HOLD A DON ON THE TO, TOA, TOD, TYA, OF TYD, CHECK THIS DOX AND SEE INSTRUCTIONS	10	· ·						·····
Schedule A (Form 990) 2022	10	riivate iounuation. Il the organizatio	n did not check a L	oox on line 13, 10a	, 100, 17a, 01 17b,	CHECK HIS DOX AL		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

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### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
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3a		
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3b		
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4b		
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9a		
9b		
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10a		
10b		L

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Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
-	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			,

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations <sub>(contin</sub>	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exemp	S	3			
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	o which th	he organization is responsive	9		
	(provide details in <b>Part VI</b> ). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			$\neg$	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in <b>Part VI.</b> See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
·	and 4b from line 1. For result greater than zero, exp					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o <sub>j</sub>				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021  Excess from 2022					
е	EAUGOO HUHI ZUZZ					

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Nam	e of the organization  XAVIER SOCIETY FOR THE BLINI	D			Employer identification number 13-5563026
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other S	Similar Func	s or Ac	Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		J		Complete if the
		(a) Donor advis	ed funds	Τ ,	b) Funds and other accounts
4	Total number at and of year	(a) Donor davio		+ '	b) i di de di de cerei decedires
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v				
6	are the organization's property, subject to the organization's e				
6	Did the organization inform all grantees, donors, and donor action for charitable purposes and not for the benefit of the donor or				
		•			
Pai	impermissible private benefit?				
1	·			J, I alt IV,	mie 7.
•	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreat	_		of a histo	rically important land area
	Protection of natural habitat		_		fied historic structure
	Preservation of open space		Freservation	or a certi	ned historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contrib	nution in the for	m of a cor	secryation easement on the last
_	day of the tax year.	ed conservation contin		iii oi a coi	Held at the End of the Tax Year
а					2a
b					2b
c	Number of conservation easements on a certified historic stru				2c
d	Number of conservation easements included in (c) acquired a				
ŭ	historic structure listed in the National Register	• •			2d
3	Number of conservation easements modified, transferred, rele				
	year	acca, changaichea, ch		c. ga	anon danny mo tan
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri		ction, handling o	 of	
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
		,	· ·		,
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and e	nforcing conser	vation eas	ements during the year
			_		•
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	nts of section 17	70(h)(4)(B)(	i)
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footne	ote to the organization'	s financial state	ments tha	t describes the
	organization's accounting for conservation easements.				
Pa	t III Organizations Maintaining Collections of	-	easures, or (	Other S	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	venue statemen	t and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education	n, or research in	furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that de	scribes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ue statement an	d balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in fu	ırtherance	of public service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					•
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financ	cial gain, p	provide
	the following amounts required to be reported under FASB AS	3C 958 relating to these	e items:		
_	Povonuo included on Form 990, Part VIII, line 1				φ

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

Schedule D (Form 990) 2022

Assets included in Form 990, Part X

	t III Organizations Maintaining C	ollections of Art		asures, or Oth	er Simi	ar Assets	S (contin		age 🗲		
	·						CONTIN	<u>uea)</u>			
3	Using the organization's acquisition, accession	on, and other records	s, check any or the i	ollowing that make	signilicar	it use of its					
_	collection items (check all that apply):  Public exhibition	d	Looperave	h o n a o n u o a u o m							
a											
b											
	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
5							7 v		٦ ٨ ٦		
Dar	to be sold to raise funds rather than to be ma						_ Yes		<u>No</u>		
i ai	reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" c	on Form 9	90, Part IV,	line 9, or				
10		•	on, for contribution	or other ecests no	t include	<b>-</b>					
ıa	Is the organization an agent, trustee, custodia						7 vaa		7 N.		
	on Form 990, Part X?					∟	Yes		No		
D	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:				Amount				
	De ation to a la classe a						Amount				
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f O-	Ending balance  Did the organization include an amount on Fo	000 Dart V line (	nd fan aannen an ar		<u>11</u>		7 ٧	$\overline{}$	7 N		
	•		•			L	Yes	$\vdash$	」No □		
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in										
	2 Indevinent and Complete	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	vears	hack		
10	Paginning of year balance	17,870,153.	11,161,630.			,217,487.	· · ·				
	Beginning of year balance	17,070,133.	11,101,000.	3,303,070	<del>'</del>	, 217 , 107 .	,	100,	••••		
b	Contributions  Net investment earnings, gains, and losses								853.		
4		1,311,110.	7,203,331.	2,303,330	<u> </u>		330,	•			
	Grants or scholarships										
е	Other expenditures for facilities	677,875.	554,811.	517,442.		425,691.		580,	549		
	and programs	077,073.	334,011.	317,442	<u>'                                     </u>	423,031.		300,	347.		
	Administrative expenses	15,247,868.	17,870,153.	11,161,630	9	,309,076.	8	217,	487		
g	End of year balance [Provide the estimated percentage of the current p				, ,	, 303 , 070.	, °,		107.		
2	Board designated or quasi-endowment	98.7750	"(ilile Tg, coluitiit (a) "%	ij rielu as.							
a	Permanent endowment .9306	%	_ <sup>70</sup>								
b	Term endowment .2940										
C	The percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentages on lines 2a, 2b, and 2c should be contaged in the percentage in the pe										
22	Are there endowment funds not in the posses	=	tion that are hold ar	nd administered for	tho						
Ja	organization by:	ssion of the organizat	non that are neid ar	id administered for	uie		Г	Yes	No		
	,						3a(i)		Х		
							3a(ii)	$\dashv$	X		
h	(ii) Related organizations	tions listed as require	nd on Schedule R2				3b	$\dashv$			
4	Describe in Part XIII the intended uses of the						_ OD _				
Par	t VI Land, Buildings, and Equipm		vinciti idilds.								
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990, Part )	د. line 10.						
	Description of property	(a) Cost or ot			Accumul	ated	(d) Book				
	bescription of property	basis (investm	` '	1 ' '	lepreciati		( <b>a)</b> Door	value	,		
12	Land	<del>'</del>	,	, ,	,						
b	Land Buildings										
	Buildings										
d	Equipment			102,434.	9	3,667.		3	767.		
	Other			,	<u>_</u> _	<del>'                                    </del>					
	. Add lines 1a through 1e. (Column (d) must ex		Column (R) line 1	0c)				3 .	767.		

Schedule D (Form 990) 2022 XAVIER SOCIETY FO	K THE BLIND	13	-5563026 Page <b>3</b>
Part VII Investments - Other Securities.	5 000 B 1 N/ II	441 0 5 000 5 17 15 40	
Complete if the organization answered "Yes" of	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(b) Dook value	(c) Welford of Valuation. Cost of Cha	or year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	(b) Book value	(c) Welfied of Valuation. Cost of cha	or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
	on Form COO Dort IV line	11d Con Form 000 Dort V line 15	
Complete if the organization answered "Yes" o	Description	Tid. See Foili 990, Part X, line 15.	(b) Book value
··	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		
Part X Other Liabilities.	5 000 D 1 11/1	11 14( O E 000 B 1 V II 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE PAYABLE			484,286.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		484,286.
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements th	at reports the

232053 09-01-22

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2022 XAVIER SOCIETY FOR THE BLIND			13-5563026	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	-1,200,498.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,121,980.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	-3,121,980.
3	Subtract line 2e from line 1			3	1,921,482.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,262.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	92,262.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	2,013,744.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,152,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,152,468.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		92,262.	-	
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	92,262.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	1,244,730.
			101 5 11/1: 4		2 1 1 1
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	•		; Part X, line 2; I	Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai intorm	ation.		
рарт	V, LINE 4:				
IAKI	v, bine 4.				
BOAR	D-DESIGNATED ENDOWMENT				
	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
AS C	F DECEMBER 31, 2014, THE BOARD OF DIRECTORS HAD DESIGNATED THE				
MARK	ETABLE INVESTMENTS HELD BY THE WILMINGTON TRUST AS A RESTRICTE	D			
ENDC	WMENT FUND TO SUPPORT THE MISSION OF THE SOCIETY. SINCE THIS A	MOUNT			
RESU	LITED FROM AN INTERNAL DESIGNATION AND IS NOT DONOR-RESTRICTED.	IT IS			
	,				
CLAS	SIFIED AND REPORTED AS NET ASSETS WITHOUT DONOR RESTRICTIONS.				
WITH	TEMPORARY DONOR RESTRICTIONS				
THE	SOCIETY MAINTAINS A SEGREGATED GIFT ANNUITY FUND IN WHICH IDEN	TIFIABLE			
SEPA	RATE DONOR RESTRICTED INVESTMENT ARE HELD AS NET ASSETS WITH T	EMPORARY			
DONG	R RESTRICTIONS. A LIFETIME ANNUITY IS PAID TO THE DONOR OR OT	HER			
				Cabadula D /F	000\ 0000

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number XAVIER SOCIETY FOR THE BLIND 13-5563026

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		х
a	Receive a severance payment or change-of-control payment?	4a		X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?	4b 4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	Tes to any or lines 4a.c, list the persons and provide the applicable amounts for each item in a tim.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MALACHY FALLON	(i)	186,685.	0.	0.	11,400.	31,628.	229,713.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i) (ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
_	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

XAVIER SOCIETY FOR THE BLIND

Open to Public Inspection

Employer identification number

13-5563026

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	58	247,819.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21								
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t			<u>-</u>				
	exempt purposes for the entire holding period?					30a		Х
b	<b>b</b> If "Yes," describe the arrangement in Part II.							
31								Х
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
						32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule M	1 (Forn	n 990)	2022

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

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

**Employer identification number** 13-5563026

XAVIER SOCIETY FOR THE BLIND	13-5563026
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TRADITION IN BRAILLE AND AUDIO TO THE BLIND AND VISUALLY IMPAIRED, FREE	
OF CHARGE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
WITH AT LEAST THREE COPIES OF EVERY TITLE FOR DAILY CIRCULATION.	_
FORM 990, PART VI, SECTION B, LINE 11B:	
THE SOCIETY PROVIDES A DRAFT 990 TO THE FINANCE COMMITTEE FOR ITS REVIEW	
AND COMMENT. UPON APPROVAL BY THE FINANCE COMMITTEE, THE 990 IS PRESENTED	
TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE SOCIETY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST	
POLICY. EVERY YEAR, THE EXECUTIVE DIRECTOR CIRCULATES A CONFLICT POLICY AND	
DISCLOSER QUESTIONNAIRE, WHICH IS COMPLETED BY ALL OFFICERS, DIRECTORS, AND	
KEY EMPLOYEES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE ORGANIZATION'S	
CHAIRMAN, CEO AND OFFICERS INCLUDES A REVIEW OF COMPENSATION BY SIMILAR	
ORGANIZATIONS TO SIMILAR PERSONNEL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SOCIETY MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Schedule O (Form 990) 20	22		Page 2
Name of the organization	XAVIER SOCIETY FOR THE BLIND	E	Employer identification number 13-5563026
NOT AVAILABLE TO TH	3 PUBLIC.		