Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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



	for the	and a contract of tax year beginning and a contract of tax year begin and a contract of tax year beginning and a contract	enaing								
B	Check if applicabl	c Name of organization		D Employer identif	ication number						
	Addre chang	e XAVIER SOCIETY FOR THE BLIND									
	Name chang			13-5563026							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	lumber							
	Final return		212-473-7800	)							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	3,636,462.							
	Amen return	NEW TORK, NI 10001		H(a) Is this a group r	eturn						
	Applic tion	F Name and address of principal officer. TK. TRANCIS HILLION		for subordinates	s? Yes X No						
	pendii	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No						
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	a list. See instructions						
<u>J</u> \	Websi	e: > WWW.XAVIERSOCIETYFORTHEBLIND.ORG		H(c) Group exemption	on number 🕨						
		organization: X Corporation Trust Association Other	L Year	of formation: 1900	M State of legal domicile: NY						
Pa	art I	Summary									
•	1	Briefly describe the organization's mission or most significant activities: XAVIER	SOCIETY	FOR THE BLIND							
ő		PROVIDES RELIGOUS READING MATERIALS, PRIMARILY IN THE CATHOL	IC								
Governance	2	Check this box 🕨 if the organization discontinued its operations or dispos	than 25% of its net as	sets.							
ove	3				11						
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11						
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		6							
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		9							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.						
			Prior Year	Current Year							
ē	8	Contributions and grants (Part VIII, line 1h)		1,290,575.	533,296.						
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.						
se v	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		429,290.	1,054,054.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,184.	2,667.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,722,049.	1,590,017.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		655,458.	694,760.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ăX	. b	Total fundraising expenses (Part IX, column (D), line 25)									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		527,417.	497,360.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,182,875.	1,192,120.						
		Revenue less expenses. Subtract line 18 from line 12		539,174.	397,897.						
S OF			ginning of Current Year	End of Year							
Assets	20	Total assets (Part X, line 16)	······	17,031,481.	18,344,454.						
a As		Total liabilities (Part X, line 26)		63,596.	61,062.						
je Le		Net assets or fund balances. Subtract line 21 from line 20		16,967,885.	18,283,392.						
Pa	art II	Signature Block									

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

Sign	Signature of officer		Date	
Here	I ■			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	ALEXANDER LAZZARUOLO	Alexander Lazzaruolo	11/4/2022	self-employed P01775353
Preparer	Firm's name CONDON O'MEARA MCGINTY		Firm's	s EIN 🕨 13-3628255
Use Only	Firm's address ONE PARTERY PARK PLAZA,	7TH FL.		
	NEW YORK, MT 100	<u>ovor ( '</u>	A Phon	no.212-661-7777
May the II	RS discuss this return with he reprier show ab	M ? S e in turus tion		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form <b>990</b> (2021

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ra	1 990 (2021) XAVIER SOCIETY FOR THE BLIND rt III Statement of Program Service Accomplishments	13-5563026	Page
	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?	Ye	s 🛛 No
_	If "Yes," describe these new services on Schedule O.	<b>—</b>	<b>T</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s 🛛 No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	ie \$	
	TO DEVELOP AND PRACTICE THEIR FAITH. THE MATERIALS INCLUDE THE SUNDAY		
	MASS READINGS. IN 2021, APPROXIMATELY 2,173 TITLES, 1,235 TO THE		
	BRAILLE LIBRARY AND 938 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	ie \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue) (	ie \$	
4c 4d	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$	
		ie \$	
	Other program services (Describe on Schedule O.)	ie \$	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ inclu		990 (202

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Part IV Checklist of Required Schedules

XAVIER SOCIETY FOR THE BLIND

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rt IV Checklist of Required Schedules			
		Yes	No
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	
Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe	ect		
during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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
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, Pai	tl 6		х
Did the organization receive or hold a conservation easement, including easements to preserve open space,			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Schedule D, Part III			X

	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
	Schedule D, Part III	8
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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	
	as applicable.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
	Part VI	11a
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c
Ь	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	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d
۵	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	
•	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	<u> </u>
12u	Schedule D, Parts XI and XII	12a
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b
13		13
	Did the encoderation maintain an efficiency and an encoderate the trained Obstant Obstant O	14a
		140
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
		14b
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140
15		45
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16
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
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
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
b	If "Yes" to line 20a, did the examination attach a copy of its audited financial statements this return?	20b

Did the organization report mo e than \$ 21 domestic government on Part Х. с um (es 132003 12-09-21

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XAVIER SOCIETY FOR THE BLIND

Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
<b>24</b> a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ra	rt V Statements Regarding Other IRS Filings and Tax Compliance			<b></b>
	Check if Schedule O contains a response or note to any line in this Part V		<b>V</b>	
4	Enter the number reported in box 3 of Form 1096. Enter $-0$ if not applicable 1	5	Yes	No
ז b				
с С				
Ū	(gambling) winnings to prize w mer ?	1c	х	
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orm 9 Part	90 (2021) XAVIER SOCIETY FOR THE BLIND V Statements Regarding Other IRS Filings and Tax Compliance (continued)		13-556302	26	Pa	age (
ιαι					Yes	No
2a F	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Tes	NO
	led for the calendar year ending with or within the year covered by this return	2a	6			
	at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	х	
	<b>lote:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instruction					
				3a		х
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	nancial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
	"Yes," enter the name of the foreign country		-,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	ny contributions that were not tax deductible as charitable contributions?			6a		х
	"Yes," did the organization include with every solicitation an express statement that such contributi					
	vere not tax deductible?		•	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices n	rovided to the pavor?	7a		Х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	o file Form 8282?			7c		х
	"Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		х
	the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/A	
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/A	
	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	ponsoring organization have excess business holdings at any time during the year?		/ -	8		
	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
	Section 501(c)(7) organizations. Enter:					
	nitiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
	Section 501(c)(12) organizations. Enter:			1		
	Bross 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			1		
	mounts due or received from them.)	11b				
2a S	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	)	12a		
	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
	s the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	lote: See the instructions for additional information the organization must report on Schedule O.					
bΕ	inter the amount of reserves the organization is required to maintain by the states in which the					
	rganization is licensed to issue qualified health plans	13b				
	inter the amount of reserves on hand	13c		1		
				14a		Х
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		х
	"Yes," see the instructions and file Form 4720, Schedule N.					
	s the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	ne?	16		х
	"Yes," complete Form 47 <b>89, pun</b> edule O.					
It						
	ection 501(c)(21) organizations. Old he most involisional field person. In Mine operator en ago in	anv.			ı	
78	section 501(c)(21) organizations. Dia new state, my disque field person, in whe operatorien again activities that would result in the imposition of an excise tax and used tion 4951, 4955 or 4, 552	any	N/A	17		
7 S			N/A	17		

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						X
600	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
4.0	Enter the number of veting members of the governing body at the and of the tax vegy	4	I	11		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a					
	If there are material differences in voting rights among members of the governing body, or if the governing						
L.	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	41.		11			
	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b	L				
2					•		х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				2		
3	of officers, directors, trustees, or key employees to a management company or other person?		•		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		x
- <del>-</del> 5	Did the organization become aware during the year of a significant diversion of the organization's asse				5		x
6	Did the organization become aware during the year of a significant diversion of the organization s asse Did the organization have members or stockholders?				6		x
0 7a	Did the organization have members of stockholders.			······  -	0		
1a	more members of the governing body?				7a		x
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			·····  -	1a		
5	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10		
a	The governing body?	-	-		8a	х	
h	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 reac			·····  -	00		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				-		
		cinac	0000./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Г	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	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				11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ū				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			Γ			
	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	х	
14	Did the organization have a written document retention and destruction policy?				14	х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependen	t 🗌			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	х	
b	Other officers or key employees of the organization				15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its p	articipatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	zation	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <sup>NY</sup>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (sectior	n 501(c)(3)s c	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X         Own website         X         Upon request         Other (explain)	on Sc	hedule O)	)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict c	f interest	policy, and f	inano	cial	
	statements available to the public during the tax year.						
	State the name, address, and prophone number of the person who possesses the organization's book	ks and	d records	▶			
20							
20	MARGARET O'BRIEN - 212 473 00 00 00 00 00 00 00 00 00 00 00 00 00		₩				
20	MARGARET O'BRIEN - 212 473 70 0 248 WEST 35TH STREET, 502 N W ARK N 10 01 C	Ð	$\mathbf{V}_{-}$			990	

Form 990 (20	D21) XAVIER SOCIETY FOR THE BLIND	13-5563026	Page 7									
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated										
	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 Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending wit	h 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 nor any related organization compensated any current officer, director, or trustee. Т

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MALACHY FALLON	40.00	-		Ð	¥.	포핑	Fc			
EXECUTIVE DIRECTOR		1		x				183,774.	0.	39,694.
(2) FR. FRANCIS HILTON	2.00							,		<i>,</i>
PRESIDENT		х		х				٥.	0.	Ο.
(3) BREANDAN WARD	2.00									
VICE PRESIDENT		х		х				٥.	٥.	0.
(4) KITTY WYNNE	2.00									
TREASURER		х		х				0.	0.	0.
(5) CAROLYN MARINO	1.00									
SECRETARY		Х		х				0.	0.	0.
(6) FR. FRANCIS HILTON	2.00									
FORMER PRESIDENT		Х		х				0.	٥.	0.
(7) RICHARD KENNEY	2.00									
FORMER TREASURER		Х		х				0.	٥.	0.
(8) BEATA HARVIN	2.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(9) PAUL FONTAINE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) BEATA HARVIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DANIEL MORRISON	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) MIKE ROBINSON	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
(13) DONNA CRILLY	1.00									0
BOARD MEMBER (14) INES CHISHOLM	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0
BOARD MEMBER		^						· · ·	0.	0.
		1								
<b>T</b> ~,								Can		
	XDá	1		/				Cop		
132007 12-09-21			J	_	_				J	Form 990 (2021)

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	90 (2021) XAVIER SOCIES	TY FOR THE	BLI	ND						13-5563	3026		Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ן than o	one	Reportable	Reportable			imate	
		hours per week					is both pr/trus		compensation	compensation			ount	
		(list any						,	- from	from related			other	
		hours for	directo						the organization	organizations (W-2/1099-MISC			oensa om the	
		related	e or o	stee			Isated		(W-2/1099-MISC/	1099-NEC)			inizati	
		organizations	truste	al tru:		yee	um per		1099-NEC)	,		•	relat	
		below	Individual trustee or director	In stit utional trustee	er	Key employee	Highest compensated employee	ler			c	orgai	nizatio	ons
		line)	Indiv	Insti	Officer	Key	High	Former						
											$\rightarrow$			
			-											
							-				+			
											$\square$			
			-											
											$\rightarrow$			
			-											
46 0			I						183,774.		0.		39	694.
	Subtotal Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.0
	otal (add lines 1b and 1c)								183,774.		0.		39.	694.
	otal number of individuals (including but n							o re	,	000 of reportable				
	compensation from the organization						,							1
													Yes	No
<b>3</b> [	Did the organization list any former officer,	director, trust	ee, ł	key e	empl	loye	e, or	hig	hest compensated empl	oyee on				
	ne 1a? If "Yes," complete Schedule J for s										. L	3		X
<b>4</b> F	For any individual listed on line 1a, is the su	m of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization				
	nd related organizations greater than \$150										卢	4	х	
	Did any person listed on line 1a receive or a													
	endered to the organization? If "Yes." com	plete Schedul	e J f	or sı	ıch i	oers	on				5	5		Х
	on B. Independent Contractors													
	Complete this table for your five highest co										nsatior	1 froi	n	
t	he organization. Report compensation for t	ine calendar y	ear e	enair	ng w		or wi	<u>tnin</u>		ear.		(C)		
	(A) Name and business	address	NO	NE					<b>(B)</b> Description of s	ervices	Corr		<b>)</b> satioi	n
									-			<u> </u>		
								_						
	otal number of independent-putractors (ir	oludina hut -	ot live	nita	4 + ~ ·	the		tod	abover the received mo	are then				
	otal number of independence surractors (in 6100,000 of compensation from the organization	-							abute) the received mo					
<del>4</del>		<del>X [ ] ]</del>	┛		H		;				Fo	rm 9	<b>990</b> (*	2021)
132008 1	12-09-21	יאי		J						J			14	
		_		-	8	3			-	-				

rm 9	90 (2		ER SOCIETY FO	OR THE BLIND			13-556302	6 Pag
art	VIII	Statement of Re	venue					_
		Check if Schedule O	contains a respor	nse or note to any line	(	(D)	(0)	
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
γ.	1 a	Federated campaigns	1a					
and Other Similar Amounts			1b					
ğ		Fundraising events						
ĽА		Related organizations						
nile		Government grants (contr						
Si		All other contributions, gifts,						
her	•	similar amounts not included		533,296.				
ð	a	Noncash contributions included in						
and	-	Total. Add lines 1a-1f			533,296.			
				Business Code	,			
	2 a							
				_				
anu	c			_				
svel	d							
Revenue	e			_				
		All other program service	revenue	_				
		Total. Add lines 2a-2f						
:	3	Investment income (includ						
		other similar amounts)	-		344,916.			344,9
	4	Income from investment c			· · · · ·			
	5	Royalties	-	· ·				
		···· <b>j</b> -·····	(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securitie	es (ii) Other				
		assets other than inventory	7a 2,755,58	83.				
	b	Less: cost or other basis						
2		and sales expenses	7b 2,046,44	45.				
	с	Gain or (loss)	7c 709,1					
		Net gain or (loss)			709,138.			709,1
		Gross income from fundraisi						
		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a				
	b	Less: direct expenses		8b				
		Net income or (loss) from		ts 🕨				
9	9 a	Gross income from gamin	g activities. See					
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
	с	Net income or (loss) from	gaming activities	<b>▶</b>				
10	0 a	Gross sales of inventory, I	ess returns					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	с	Net income or (loss) from	sales of inventory	/ 🕨				
				Business Code				
a 1 <sup>.</sup>	1 a	MISC REVENUE		900099	2,667.			2,6
Levenue L	b			_				
Revenue	с			_				
æ	d	All other revenue						
	е	Total. Add lines 11a-11c	QV		<u>2,6</u> 7.	inni		
12	2	Total revenue. See instruc	ons		1 590,0 7.	0.	0.	1,056,7
	2-09-	-		· J			/	Form <b>990</b> (3

XAVIER SOCIETY FOR THE BLIND

13-5563026 Page 10

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
1.	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	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	223,468.	155,850.	35,888.	31,73
6	Compensation not included above to disgualified	,	,		
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	344,576.	238,484.	56,576.	49,51
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41,793.	30,174.	6,017.	5,60
9	Other employee benefits	46,197.	33,353.	6,651.	6,19
0	Payroll taxes	38,726.	27,960.	5,575.	5,19
1	Fees for services (nonemployees):				
а	Management				
b	Legal	125.		125.	
с	Accounting	55,511.		55,511.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	92,454.		92,454.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	18,825.	8,076.	1,630.	9,119
2	Advertising and promotion				
3	Office expenses	36,697.	30,413.	3,142.	3,142
4	Information technology				
5	Royalties				
6	Occupancy	91,633.	68,725.	11,454.	11,45
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,728.	2,728.		
3	Insurance	10,434.	7,826.	1,304.	1,30
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBCONTRACTED PUBLICATI	115,182.	57,012.		58,17
b	SERVICE CONTRACTS	41,110.	33,967.	555.	6,58
с	OTHER	30,733.	18,511.	6,228.	5,99
d	SUBCONTRACTED TRANSCRIP	1,928.	1,928.		
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,192,120.	715,007.	283,110.	194,00
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costo from a combined				
	educational campaign and fundraising sone tio	$\gamma \gamma \gamma \prime \sigma$	er Co		
	Check here if following SOP 8-2 ( SC 9 3-7/2)		I ()()		

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Form (2021)

Form 990 (		
Part X	Balanc	e Sheet

Fai	ιx			a la dela Davi M			
		Check if Schedule O contains a response or	note to any lin	e in this Part X	<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing			404,497.	1	402,186.
	2			395,883.	2	256,642.	
	3	<b>o i j</b>			1 -	3	· · · ·
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren				-	
	Ŭ	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
	U	under section 4958(f)(1)), and persons descri				6	
	7			Г		7	
Assets		Notes and loans receivable, net				8	
Ass	8 9	Inventories for sale or use			11,381.	9	12,476.
		Prepaid expenses and deferred charges	1 1			9	12,170.
	10a	Land, buildings, and equipment: cost or othe		98,669.			
		basis. Complete Part VI of Schedule D		95,337.	6,060.	10-	3,332.
		Less: accumulated depreciation		, ,	16,123,150.	10c	17,574,341.
	11	Investments - publicly traded securities			10,123,130.	11	17,574,541.
	12	Investments - other securities. See Part IV, li		F	82,185.	12	97 150
	13	Investments - program-related. See Part IV, li		02,105.	13	87,152.	
	14	Intangible assets	0 225	14	8,325.		
	15	Other assets. See Part IV, line 11			8,325.	15	/
	16	Total assets. Add lines 1 through 15 (must of	17,031,481.	16	18,344,454.		
	17	Accounts payable and accrued expenses	34,428.	17	33,274.		
	18	Grants payable		20.100	18	27.700	
	19	Deferred revenue			29,168.	19	27,788.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
iliti		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of	-	F		22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). Co	omplete Part X			
		of Schedule D		······  -		25	
	26				63,596.	26	61,062.
6		Organizations that follow FASB ASC 958,	check here				
čě		and complete lines 27, 28, 32, and 33.					
lan	27				16,773,050.	27	18,082,210.
Ba	28	Net assets with donor restrictions			194,835.	28	201,182.
pun		Organizations that do not follow FASB AS	C 958, check	here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
0 9	29	Capital stock or trust principal, or current fur	nds			29	
se	30	Paid-in or capital surplus, or land, building, o	r equipment fu	ind		30	
t As	31	Retained earnings, endowment, accumulate		·····		31	
Nei	32	Total net assets or fund balances			16,967,885.	32	18,283,392.
	33	Total liabilities and net assets/fund balances			17,031,481.	33	18,344,454.

Form 990 (2021)

# **Taxpayer Copy**

132011 12-09-21

Form	1990 (2021) XAVIER SOCIETY FOR THE BLIND	13-556302	6	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				2-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	590,	017.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	192,	120.
3	Revenue less expenses. Subtract line 2 from line 1	3		397,	897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	967,	885.
5	Net unrealized gains (losses) on investments	5		917,	610.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,	283,	392.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	A	
0.5	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jie Audit			x
L	Act and OMB Circular A-133?	ad audit	3a		^
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		26		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0001)

Form **990** (2021)



10111031 152490 1213NL

Department of the Treasury Internal Revenue Service

(Form 990)

### **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.

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

OMB No. 1545-0047
2021

**Open to Public** 

Inspection

Name of	the organization						Employer	dentification number
Dort		SOCIETY FOR TH				<u> </u>		13-5563026
Part I	Reason for Public (					see instructions	S	
	nization is not a private found							
1	A church, convention of ch	,			n 170(b)( <sup>-</sup>	1)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative							
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		llege or university owned	d or operat	ed by a go	overnmental un	it describe	ed in
6	section 170(b)(1)(A)(iv). (C A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)		
7 X	An organization that norma	-					a deneral i	oublic described in
, <u> </u>	section 170(b)(1)(A)(vi). (C	•	intial part of its support i	ioni a gove	menta		e general j	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org			-	ed in coniu	unction with a l	and-grant	college
	or university or a non-land-g				-		-	-
	university:	, 3 3	,		, ,	,	5	
10	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	port from c	ontributior	ns, membershi	p fees, an	d gross receipts from
	activities related to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	after June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)						
11	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized a	-	•	-			•	
	more publicly supported or	ganizations describe	ed in section 509(a)(1) of	or section	509(a)(2).	See section 5	<b>09(a)(3).</b> (	Check the box on
_	lines 12a through 12d that	•••					-	
a	<b>Type I.</b> A supporting orga	-	-	• • • •	-			
	the supported organization			a majority c	of the direc	ctors or trustee	s of the su	upporting
	organization. You must o	-						
b 🗌	<b>Type II.</b> A supporting org	-				-		-
	control or management o			ame perso	ns that co	ntrol or manag	e the sup	οοπεα
• [	organization(s). You mus			in connect	ion with		intograte	ad with
c L	Type III functionally inte						y integrate	eu with,
d	its supported organization						od organi	zation(c)
u	that is not functionally int	•				••	Ũ	
	requirement (see instructi			•		-		Veness
<b>a</b> [	Check this box if the orga	,	•				Type III	
υL	functionally integrated, or						, type iii	
f En	ter the number of supported of							
	ovide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
							_	
		avr	ave	r			<u> </u>	
Total								

J

0	•	( <b>F</b>	000	0004
Schedule	A	(Form	990	202

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	621,858.	488,932.	586,970.	2,190,575.	533,296.	4,421,631.
2	Tax revenues levied for the organ-						
	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	604 050	400,000	506 050	0 100 555	522.000	
	Total. Add lines 1 through 3	621,858.	488,932.	586,970.	2,190,575.	533,296.	4,421,631.
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,						010 065
_	column (f)						912,265.
	Public support. Subtract line 5 from line 4.						3,509,366.
		() 0047	(1) 0040	() 0010	( 1) 0000	() 0001	(0 T ) )
	ndar year (or fiscal year beginning in)	(a) 2017 621,858.	(b) 2018	(c) 2019 586,970.	(d) 2020	(e) 2021 533, 296.	(f) Total
	Amounts from line 4	021,050.	488,932.	500,570.	2,190,575.	555,290.	4,421,631.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	200 976	201 711	258 200	271 205	244 916	1 660 100
~	and income from similar sources	300,976.	384,711.	358,200.	271,395.	344,916.	1,660,198.
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	3,055.	27,936.	5,784.	2,184.	2,667.	41,626.
	assets (Explain in Part VI.)	5,055.	27,950.	5,704.	2,104.	2,007.	6,123,455.
	Total support. Add lines 7 through 10					40	0,125,455.
	Gross receipts from related activities,		,	outh or fifth toy u		12	
13	First 5 years. If the Form 990 is for th	•				.,.,	
Sec	organization, check this box and stop ction C. Computation of Public		-			<u></u>	
	Public support percentage for 2021 (li			olumn (f))		14	57.31 %
	Public support percentage from 2020					15	58.15 %
	<b>33 1/3% support test - 2021.</b> If the c						/0
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the c		•				······································
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-		the organize	
h	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
	······································		, • • •	, , .,			Form 990) 2021

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#### 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.)

0.1	tion A. Public Support	(-) 0017	(1) 0010	(1) 0010	(-1) 00000	(-) 0001	(A) T. · · ·
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	<b>o o</b>						
	Total. Add lines 1 through 5				+	+	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) organizatio	on,
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	9
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	9
	tion D. Computation of Inves	tment Income	e Percentage				
		21 (line 10c. colur	mn (f), divided by l	ine 13, column (f))		17	9
Sec	Investment income percentage for 20					18	9
Sec 17			Part III, line 17				
Sec 17 18	Investment income percentage from 2	2020 Schedule A,					-
<b>Sec</b> 17 18 19a	Investment income percentage from 2 33 1/3% support tests - 2021. If the	<b>2020</b> Schedule A, organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
<b>Sec</b> 17 18 19a	Investment income percentage from 2 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar	2020 Schedule A, organization did r id <b>stop here.</b> The	not check the box organization qual	on line 14, and line fies as a publicly s	e 15 is more than ( supported organiza	33 1/3%, and line 1 ation	7 is not
<b>Sec</b> 17 18 19a b	Investment income percentage from 3 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2022 the	2020 Schedule A, organization did r id stop here. The organization did r	not check the box organization qual not check a box or	on line 14, and line fies as a publicly s I line 14 or line 14	e 15 is more than 3 supported organiza , and line 16 is m	33 1/3%, and line 1 ation ore than 33 1/3%, a	7 is not
<b>Sec</b> 17 18 19a b	Investment income percentage from 3 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2025. If the line 18 is not more than 33 1/3%, check	2020 Schedule A, organization did r id <b>stop here.</b> The organization did r	not check the box organization qual not check a box or con the re. The orga	on line 14, and line ifies as a publicly s n line 14 or line 19 n izanon qualifies a	e 15 is more than ( supported organiza , and line 16 is m as pounticy supp	33 1/3%, and line 1 ation ore than 33 1/3%, <i>a</i> prt d organization	7 is not
Sec 17 18 19a b 20	Investment income percentage from 3 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2022 the	2020 Schedule A, organization did r id <b>stop here.</b> The organization did r	not check the box organization qual not check a box or	on line 14, and line fies as a publicly s n line 14 or line 19 n izanon qualifies a	e 15 is more than ( supported organiza , and line 16 is m as pounticy supp	33 1/3%, and line 1 ation ore than 33 1/3%, a prtrid organization	7 is not

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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)? **7 Type**, " *answer line 10b below.*
- b Did the organization have any excess b sines hadings in the ax yea? A/s Schedule C, Fa in a 72 , to determine whether the organization had excess b sines holy include 132024 01-04-21
   132024 01-04-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

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Schedule A (Form 990) 2021	
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Part IV Supporting Organizations (continued)

#### XAVIER SOCIETY FOR THE BLIND

Yes

1

2

No

			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		
b	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			

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 Part VI how the supported organization(s)
effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
organization, describe how the powers to appoint and/or remove 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.
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,

supervise	<u>a. or controlle</u>	ea the supportir	ng organization.
Section C. 1	Type II Sup	oporting Org	anizations

ē

 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
 1
 1
 1

Section D.	All Type	III Supporting	g 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			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method th	hat the organization used to satisfy	, the Integral Part Test durin	a the year (see instructions).
-				

- a 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 instruction <u>s).</u>
---	--	----------------------------	------------------------	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* 

b Did the organization exercise a substantial leave of hir ction over the point is, programs, and activities if each of its supported organizations. If "Less describe in Fail VI he we paved by the organization in this yeard.

17

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

 Schedule A (Form 990) 2021

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Schedule A	(Form 990)	) 2021
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4	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See Instruction
	All other Type III non-functionally integrated supporting organizations mus	st complete s	Sections A through E.	(D) Current Veer
Sect	ion 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	ion 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):			
а	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	ion 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		

instructions).

Schedule A (Form 990) 2021



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Sche	edule A (Form 990) 2021 XAVIER SOCIETY FOR	THE BLIND		
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(contin</sub>	nued
Sect	ion D - Distributions			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			e
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2021 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			10
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			

(iii) Distributable Amount for 2021 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

13-5563026

**Current Year** 

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Part VI	Form 990) 2021 XAVIER SOCIETY FOR TH		17b: Dort III, line 10:	Page 8
	Supplemental Information. Provide the explan. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9	ations required by Part II, line 10; Part II, line 17a or b. 9c, 11a, 11b, and 11c: Part IV. Section B. lines 1	170; Part III, line 12; 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	Ŷ,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines (See instructions.)	2, 5, and 6. Also complete this part for any addition	al information.	
	(See Instructions.)			
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	ιαλμα	YUI UUUY		
		J   J	Schedule A (Form 990	J) 202
32028 01-04-2	_	20		

# Schedule B

(Form 990)

Organ

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	12 55 62006
XAVIER SOCIETY FOR THE BLIND	13-5563026
ization type (check one):	

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

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

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

**Taxpayer Copy** 

Name of c	organization	Employer identification number		
XAVIER S	SOCIETY FOR THE BLIND		13-5563026	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	THE MCDONALD FAMILY FOUNDATION 302 PINE AVE FL 2 LONG BEACH, CA 90802-2326	\$14,0	00.       Person       X         00.       Payroll       Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	RASKOB FOUNDATION FOR CATHOLIC ACTIVITIES           10 MONTCHANIN RD           WILMINGTON, DE 19807-2166	\$16,2	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	MARGARET S. COLYER CHARITABLE TRUST COMMUNITY BANK TRUST SERVICES ONEONTA, NY 13820	\$14,2	26.       Person       X         26.       Noncash       Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	ESTATE OF BERNARD BAHER 829 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474	\$13,7	36.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4         ROBERT LABELLA TRUST         12429 CEDAR STREET         CLEVELAND HEIGHTS, OH 44106	Total contributions	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	THE THERESA-EDWARD O'TOOLE FOUNDATION 200 PARK AVE FL 54 NEW YORK, NY 10166-56 AXDAVE		00.       Person X         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)         Schedule B (Form 990) (2021	

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Schedule B (Form 990) (2021)

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**<sup>→</sup>** 2021.05000 XAVIER SOCIETY FOR THE BL 1213NL\_1

Name of c	organization		Employer identification number
XAVIER	SOCIETY FOR THE BLIND		13-5563026
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7	GERTRUDE JACOBUS LIVING TRUST 20220 SOUTH LA GRANGE ROAD FRANKFORT, IL 60423-1338	\$40,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
123452 11-1	Тахрауе	r Copy	Person Payroll Payroll (Complete Part II for noncash contributions.)

Page **2** 

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Schedule B (Form 990) (2021)

	OCIETY FOR THE BLIND		13-5563026
art II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. irom Part I	(b) (C) <b>FMV (or estimation of noncash property given</b> (See instruction		(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Taynava		,

Schedule B (Form 990) (2021)

<sup>10111031 152490 1213</sup>NL

<sup>24</sup> 2021.05000 XAVIER SOCIETY FOR THE BL 1213NL\_1

Schedule E	3 (Form 990) (2021)		Page <b>4</b>			
Name of or	ganization		Employer identification number			
XAVIER S	OCIETY FOR THE BLIND		13-5563026			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	rrough (e) and the following line entry. ritable, etc., contributions of <b>\$1,000 or les</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Ļ						
-	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
123454 11-11-		bayer (	Schedule B (Form 990) (2021)			

<sup>10111031 152490 1213</sup>NL

<sup>25</sup> 2021.05000 XAVIER SOCIETY FOR THE BL 1213NL\_1

00		Sunnlementa	I Financial Statements		OMB No. 1545-0047
	HEDULE D n 990)	► Complete if the organ Part IV, line 6, 7, 8, 9, 10,	nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
	ment of the Treasury I Revenue Service		ttach to Form 990. ) for instructions and the latest information		Open to Public Inspection
	e of the organizati				r identification number
	Ū	XAVIER SOCIETY FOR THE BLIND			13-5563026
Pa	tl Organiza	ations Maintaining Donor Advised	Funds or Other Similar Funds or A	ccounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		- · · · · · · · · · · · · · · · · · · ·			
4		t end of year			
5	•		riting that the assets held in donor advised fu		
•			xclusive legal control?		Ves No
6	•	•	visors in writing that grant funds can be used	2	
			donor advisor, or for any other purpose confe	•	Yes No
Pa	impermissible priv	ation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part I	/ line 7	Yes No
1		servation easements held by the organization		v, into 7.	
•		n of land for public use (for example, recreation	· · · · · ·	torically impo	ortant land area
		of natural habitat	Preservation of a cer		
		n of open space			
2			ed conservation contribution in the form of a c	onservation e	easement on the last
	day of the tax yea				l at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b				2b	
с	Number of conser	vation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired af	ter 7/25/06, and not on a historic structure		
		nal Register		2d	
3	Number of conser	vation easements modified, transferred, relea	ased, extinguished, or terminated by the orga	nization durin	ig the tax
_	year 🕨				
4		where property subject to conservation ease			
5	•	tion have a written policy regarding the perio			
6		forcement of the conservation easements it h	andling of violations, and enforcing conservat		
0		a nours devoted to morntoning, inspecting, h	and ing of violations, and enforcing conservat	ION Easement	is during the year
7	Amount of expense		ng of violations, and enforcing conservation e	asomonts du	ring the year
•	► \$				
8			satisfy the requirements of section 170(h)(4)(E	3)(i)	
					Yes No
9			n easements in its revenue and expense state		
	balance sheet, an	d include, if applicable, the text of the footno	te to the organization's financial statements t	hat describes	s the
		counting for conservation easements.			
Pa	t III Organiza	ations Maintaining Collections of <i>I</i>	Art, Historical Treasures, or Other	Similar As	sets.
	Complete i	f the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 958,	, not to report in its revenue statement and ba	lance sheet v	works
	of art, historical tr	easures, or other similar assets held for publi	c exhibition, education, or research in furthera	ance of public	0
	•	Part XIII the text of the footnote to its finance			
b	-		, to report in its revenue statement and baland		
			exhibition, education, or research in furtherand	ce of public s	ervice,
	•	ing amounts relating to these items:		<b>.</b> .	
	(I) Revenue inclu	Ided on Form 990, Part VIII, line 1		🕨 💲 🔄	

			Ψ-	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			

	the following amounts required to be reported under FASB As	SC 958 relating to the	se items:						
а	Revenue included on Form			►	• \$				
b	Revenue included on Form 200, Part VIII, line 1	MAR			►\$				
LHA	For Paperwork Reduction Act No ce se the astructor	fol vor a 990.			Sche	edule D (	Form	990) 2021	
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		26							
101110	31 152490 1213NL	2021.05000	XAVIER	SOCIETY	FOR	THE	$\mathtt{BL}$	1213NL	_1

Sche	dule D (Form 990) 2021 XAVIER SOCII	ETY FOR THE BLI	ND				13-556	3026	Pá	age <b>2</b>
Pa	t III Organizations Maintaining Co	llections of Art	, Historical Tre	easures, or C	Other S	Simila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that m	ake sign	ificant u	use of its			
	collection items (check all that apply):	,	· · ·	0	0					
а	Public exhibition	d	Loan or exc	change program						
b	Scholarly research	e								
c	Preservation for future generations	-								
4	Provide a description of the organization's col	ections and explain	how they further t	he organization's	exemp	t nurno	se in Part	XIII		
5	During the year, did the organization solicit or	-	-	-						
Ũ	to be sold to raise funds rather than to be mai		•					Yes		No
Pa	t IV Escrow and Custodial Arrang						) Part IV I			
	reported an amount on Form 990, Part				.5 01110	5111 000	, i aitiv, i	110 0, 01		
19	Is the organization an agent, trustee, custodia		any for contribution	e or other asset	s not inc	luded				
Ia								Yes		No
L	on Form 990, Part X?						L	l tes		
D	If "Yes," explain the arrangement in Part XIII a	na complete the loli	owing table.					Amoun	+	
	De sinsis a la des se							Amoun	<u> </u>	
	Beginning balance					1c				
a	Additions during the year					1d				
e	Distributions during the year					1e				
	Ending balance					1f		7.		<b></b>
	Did the organization include an amount on Fo				-	·	L	Yes		_ No
Pa	If "Yes," explain the arrangement in Part XIII. (									
I al	<b>t V Endowment Funds.</b> Complete if			(c) Two years t		Three	vooro book		r vooro	book
	F	(a) Current year	(b) Prior year	( )			/ears back	(e) Fou		
	Beginning of year balance	11,161,630.	9,309,076.	8,217,4	£0/.	9,1	88,889.	0	,392,	145.
b	Contributions	7 262 224	2 260 006	1 519 4		2	00 052	1	170	750
	Net investment earnings, gains, and losses	7,263,334.	2,369,996.	1,517,2	280.	- 3	90,853.	Ι,	,178,	/50.
	Grants or scholarships									
е	Other expenditures for facilities					_	~~ ~ ~ ~			
	and programs	554,811.	517,442.	425,6	91.	5	80,549.		382,	006.
f	Administrative expenses									
g	End of year balance	17,870,153.	11,161,630.		076.	8,2	17,487.	9	,188,	889.
2	Provide the estimated percentage of the curre		(line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨 _	98.8742	_%							
b	Permanent endowment	%								
С	Term endowment  1.1260 %	, )								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held a	nd administered	for the o	organiza	ation	i		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?					3b		
	Describe in Part XIII the intended uses of the o		vment funds.							
Pa	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a.	See Form 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or ot	her (b) Cos	t or other	(c) Acc	umulate	ed	( <b>d)</b> Boo	k value	е
		basis (investm	ent) basis	(other)	depre	eciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			98,669.		95,	337.		3,	332.
e	- · ·									
	Add lines 1a through 1e. (Column (d) must ea		( column (R) line 1						3,	332.
		<u></u>	<u>, 20.0.111 (0/, 1110 1</u>				Schedule	D (Forn	n 990)	2021

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" c (a) Description of investment	on Form 990, Part IV, line (b) Book value	<ul> <li>11c. See Form 990, Part X, line 13.</li> <li>(c) Method of valuation: Cost or e</li> </ul>	nd of voor market valu
	(D) DOUR VAIUE		nu-oryear market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	1
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) I (1)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Antal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)         (2)         (3)         (4)         (5)		11d. See Form 990, Part X, line 15.	(b) Book value
And I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)         (2)         (3)         (4)         (5)         (6)		11d. See Form 990, Part X, line 15.	(b) Book value
And I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)       (a) [         (2)       (a) [         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)       (a) I         (2)       (a) I         (3)       (b) Inter Assets.         (6)       (c) I         (7)       (b) Inter Assets.         (6)       (c) I         (7)       (c) I         (6)       (c) I         (7)       (c) I         (6)       (c) I         (7)       (c)	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)       (a) [         (2)       (a) [         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (b) must equal Form 990, Part X, col. (B) line	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" of (a) Presenting of the organization of the bilities.	Description		25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" of (a) Presenting of the organization of the bilities.	Description		25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) I         (1)       (a)         (2)       (a)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability	Description		25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" or (a) for (a) (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1)	Description		25.
Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)       (a) I         (2)       (a) I         (3)       (b) IIII (C)         (4)       (c) IIII (C)         (5)       (c) IIII (C)         (6)       (c) IIIII (C)         (7)       (c) IIIII (C)         (7)       (c) IIIII (C)         (7)       (c) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Description		25.
Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)       (a) I         (2)       (a)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)       (3)	Description		25.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)       (a) I         (2)       (a)         (4)       (b) must equal Form 990, Part X, col. (B) line         (6)       (c)         (7)       (a)         (8)       (c)         (9)       Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)	Description		25.
Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) I         (1)       (a)         (2)       (a)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (1)	Description		
Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Other Assets.         Complete if the organization answered "Yes" of (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes" of (a) Description of liability         (1)         Federal income taxes         (2)         (3)         (4)         (5)	Description		25.

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Sche	dule D (Form 990) 2021 XAVIER SOCIETY FOR THE BLIND			13-5563026	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,415,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		917,610.		
b	Donated services and use of facilities			4	
С	Recoveries of prior year grants	<u>2c</u>		4	
d	Other (Describe in Part XIII.)	2d		-	
	Add lines 2a through 2d			2e	917,610.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,497,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		02 454		
a	Investment expenses not included on Form 990, Part VIII, line 7b		92,454.	4	
	Other (Describe in Part XIII.)			10	92,454.
	Add lines 4a and 4b			4c 5	1,590,017.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per F		1,550,017.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,099,666.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments			1	
с	Other losses				
d	Other (Describe in Part XIII.)			1	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,099,666.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,454.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	92,454.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	1,192,120.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			; Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informa	tion.		
PART	V, LINE 4:				
	V, 11KH 4.				
DONG	R- DESIGNATED ENDOWMENT				
UNDE	R THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT				
("NY	PMIFA"), THE SOCIETY MAY APPROPRIATE SO MUCH OF AN ENDOWMENT	FUND AS			
IT I	EEMS PRUDENT, CONSIDERING THE SPECIFIC FACTORS SET FORTH IN N	<b>YPMIFA</b>			
AND	SUBJECT TO THE INTENT OF THE DOOR. UNLESS STATE OTHERWISE, TH	IE			
EARN	INGS IN AN ENDOWMENT FUND ARE DONOR-RESTRICTED UNTIL APPROPRI	ATED.			
THE	SOCIETY CLASSIFIES AS PERMANENTLY RESTRICTED ASSETS (A) THE C	DRIGINAL			
	/_`				
VALU	E OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGIN	IAL VALUE			
0.11					
OF 5	UBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) REALIZED	ANU			
TINDT	ALIZED GAINS AND LOSSES TO THE PERMANENT ENDOWENT. IN ACCORD				
				Sobodula D /C	mm 0001 0004
13205	29		•	Schedule D (Fo	nin 990) 2021
	49				

Part XIII Supplemental Information (continued)

NYPMIFA, THE SOCIETY CONSIDERS THE FOLLOWING FACTORS IN MAKING A

DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT

FUNDS : (1) THE DURATION AND PRESERVATION OF THE VARIOUS FUNDS, (2) THE

PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUNDS, (3) GENERAL ECONOMIC

CONDITION, (4) THE POSSIBLE EFFECT ON INFLATION AND DEFLATION, (5) THE

EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, (6)

OTHER RESOURCES OF THE SOCIETY, AND (7) THE SOCIETY'S INVESTMENT POLICIES.

THE SOCIETY'S PERMANENTLY RESTRICTED ENDOWMENT FUND WAS ESTABLISHED PRIOR

TO THE INVOLVEMENT OF ANY CURRENT BOARD MEMBERS. THE BOARD OF DIRECTORS

HAS TAKEN THE POSITION TO PRESERVE THE FAIR VALUE OF THE ORIGINAL GIFT AND

HAS DESIGNATED THIS FUND WILL CONTINUE TO BE PRESERVED UNTIL SUCH TIME AS

THE ORIGINAL RESTRICTION BECOMES KNOWN OR THE SOCIETY PETITIONS THE

ATTORNEY GENERAL TO RELEASE THE RESTRICTION.

THE SOCIETY HAS ADOPTED AN INVESTMENT POLICY WITH THE STATED PRIMARY

OBJECTIVE TO PRESERVE CAPITAL OF THE ABOVE ENDOWMENTS. THE SECONDARY

OBJECTIVE IS TO MAINTAIN PURCHASING POWER BY GROWING THE INVESTMENTS AT AN

ANNUAL RATE THAT EQUALS OR EXCEEDS THE RATE OF INFLATION. THE TERTIARY

OBJECTIVE IS GROWTH AND INCOME. OVER A FIVE-YEAR ROLLING PERIOD, THE

INVESTMENT SHOULD CLOSELY TRACK THE RETURN OF THE BALANCED MARKET INDICES.

THE ENDOWMENT FUND IS MANAGED WITH THE SAME OBJECTIVE AND IS COMPRISED OF

AN ALLOCATION OF MARKETABLE SECURITIES.



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SCI	IEDULE J	Compensation Information		OMB No.	1545-004	47				
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		2021						
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20						
Depar	ment of the Treasury	Attach to Form 990.		Open to		ic				
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<b>F</b> aran January inte		ection					
Nam	e of the organizatior		Employer ide		on nui	nber				
Pa		S Regarding Compensation	13-55	03020						
га		s negaraling compensation			Vee					
10	Chack the appropri	ate hex(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No				
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,							
	First-class or c	معبياهم								
	Travel for com									
	Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur,									
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
~	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b						
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
		, , , , , , , , , , , , , , , , , , , ,								
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	;							
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to							
	establish compensation of the CEO/Executive Director, but explain in Part III.									
	Compensation committee Written employment contract									
	Independent compensation consultant									
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee							
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 re									
	Receive a severanc		4a		X					
	Participate in or rec		. 4b		X X					
	c Participate in or receive payment from an equity-based compensation arrangement?									
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	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									
	contingent on the re		-		v					
a	The organization?		5a		X X					
b		ation?		5b						
~		r 5b, describe in Part III.								
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complexity of the section	n							
	contingent on the n	-		6.		x				
a h		ation?		6a		x				
		ation?		6b						
	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									
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the									
				8		x				
		id the organization also follow the rebuttable presumption procedure described in 53.4958-6(c)?		9						
		eduction Act Notice, see the Instructions for Form 990.		e J (Forr	n 990)	2021				
		,, _,	Consedu	- 1. 0.1						

**Taxpayer Copy** 

132111 11-02-21

Schedule J (Form 990) 2021

13-5563026

#### 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) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			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)	183,774.	0.	0.	11,400.	28,294.	223,468.	0
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	i)							
	ii)							

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Schedule J (Form 990) 2021

#### 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 O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-5563026

XAVIER SOCIETY FOR THE BLIND

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:

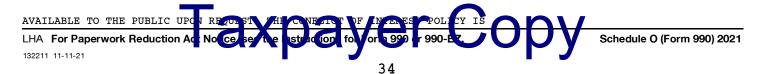
THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE ORGANIZATION'S

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



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ne of the organization	021	Employer identification number
	XAVIER SOCIETY FOR THE BLIND	13-5563026
AVAILABLE TO TH	E PUBLIC.	
		<b>^</b>
	Taxpayer	
	Ιαλμαγς	Schedule O (Form 990) 20
12 11-11-21	35	Schedule O (Form 990) 20
	55	XAVIER SOCIETY FOR THE BL 1213

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## TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

#### FOR THE YEAR ENDING

DECEMBER 31, 2021

#### PREPARED FOR:

XAVIER SOCIETY FOR THE BLIND 248 WEST 35TH STREET 1502 NEW YORK, NY 10001

#### **PREPARED BY:**

CONDON O'MEARA MCGINTY & DONNELLY LLP ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004

#### AMOUNT OF TAX:

BALANCE DUE OF \$775

#### MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

#### MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

#### **RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

#### SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# **Taxpayer Copy**

#### **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

**Open to Public** Inspection

1.General Informat	ion						
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	and Ending (n	nm/dd/yyyy) 12/31/2	2021			
Check if Applicable: Address Change	Name of Organization: XAVIER SOCIETY	FOR THE BLIND	)	Employer Identification Number (EIN): 13-5563026			
Name Change Initial Filing	Mailing Address: 248 WEST 35TH	STREET, NO. 15	02	NY Registration Number: 11-42-07			
Final Filing Amended Filing	City / State / ZIP: NEW YORK , NY	10001		Telephone: 212 473-7800			
Reg ID Pending	Website: WWW•XAVIERSOCI		ORG	Email:			
Check your organization's         registration category:       7A only       EPTL only       X DUAL (7A & EPTL)       EXEMPT*       Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.							
2. Certification							
See instructions for certif two signatories.	ication requirements. Improper	certification is a violation c	of law that may be subject t	to penalties. The certification requires			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.							
President or Authorized	Officer:						
Signature Print Name and Title Date							
Chief Financial Officer or	Treasurer:						
	Signature		Print Name	e and Title Date			
3. Annual Reporting	g Exemption						
Check the exemption(s) t	hat apply to your filing. If your o	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both			
categories (DUAL filers) th	nat apply to your registration, c	complete only parts 1, 2, an	d 3, and submit the certifie	ed Char500. No fee, schedules, or			
additional attachments ar	e required. If you cannot claim	an exemption or are a DUA	AL filer that claims only one	e exemption, you must file applicable			
schedules and attachmer	nts and pay applicable fees.						
	ig exemption: Total contributio 5,000 and the organization dic			overnment agencies, etc. did not aising counsel (EBC) to solicit			
	ons during the fiscal year.	iner engage a protocolonia					
		s did not exceed \$25,000 a	nd the market value of ass	ets did not exceed \$25,000 at any time			
during the	fiscal year.						
4. Schedules and A	ttachments						
See the following page							
for a checklist of	Yes 🚺 No 4a. Did y	our organization use a prof	essional fund raiser, fund ra	aising counsel or commercial co-venturer			
schedules and		aising activity in NY State?					
attachments to							
complete your filing.	Yes X No 4b. Did th	ne organization receive gov	ernment grants? If yes, co	mplete Schedule 4b.			
5. Fee							
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:				
next page to calculate yo	ur			Make a single check or money order			
fee(s). Indicate fee(s) you				payable to: <b>"Department of Law"</b>			
are submitting here:	\$ <u>25.</u>	\$ <u>750.</u>	\$ <u>775.</u>				

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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022) \*The "Exempt" category refers to an organization's VYS registration status. In does not refer to its JFS tal designation

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CHAR500	
Annual Filing Checklist	

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as describe	
If you answered "yes" in Part 4a, submit Schedule 4a: Profession	al Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Governme	ent Grants
Check the financial attachments you must submit with your CHAR500	:
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (So disclosure and will not be available for public review.	chedule of Contributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postca filing year. We have included an IRS Form 990-EZ for state purpo	rd. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the oses only.
If you are a 7A only or DUAL filer, submit the applicable independent C	ertified Public Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater	than \$250,000 and up to \$1,000,000
X Audit Report if you received total revenue and support greater th	nan \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is requ	ired if total revenue and support is greater than \$750,000
No Review Report or Audit Report is required because total reve	nue and support is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or A	udit Report is required
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
	Organizations are assigned a Registration Category upon

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
$\fbox$ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

168461 01-10-22 **1019** 

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.g registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).



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#### 10111031 152490 1213NL

2021.05000 XAVIER SOCIETY FOR THE BL 1213NL\_1

Financial Statements for years ended December 31, 2021 and December 31, 2020



**Certified Public Accountants** 

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

#### **Independent Auditor's Report**

To the Board of Directors Xavier Society for the Blind

#### **Opinion**

We have audited the accompanying financial statements of Xavier Society for the Blind (the "Society") which comprise the statement of financial position as of December 31, 2021 and December 31, 2020 and the related statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Society as of December 31, 2021 and December 31, 2020 and the results of its activities and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Society and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Society's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal controls. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Society's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audits.

Carre DileARA McGits & Donnelly LLP



#### **Statement of Financial Position**

#### Assets

	December 31		
	2021	2020	
Cash and cash equivalents	\$ 402,186	\$ 404,497	
Investments in marketable securities	17,830,983	16,519,033	
Investment in annuity funds	87,152	82,185	
Prepaid expenses and other	12,476	11,381	
Security deposits	8,325	8,325	
Leasehold improvements and equipment, net	3,332	6,060	
Total assets	<u>\$ 18,344,454</u>	<u>\$ 17,031,481</u>	
Liabilities and Net Assets			
Liabilities			
Accounts payable and accrued expenses	\$ 33,274	\$ 34,428	
Annuity payable	27,788	29,168	
Total liabilities	61,062	63,596	
Net assets			
Without donor restrictions			
Undesignated	413,239	395,835	
Board designated endowment	<u>    17,668,971</u>	16,377,215	
Total net assets without donor restrictions	18,082,210	16,773,050	
With donor restrictions	201,182	194,835	
Total net assets	18,283,392	16,967,885	
Total liabilities and net assets	<u>\$ 18,344,454</u>	<u>\$ 17,031,481</u>	



## **Statement of Activities**

			Decen	December 31		
		2021			2020	
Т	Without Donor	With Donor		Without Donor	With Donor	
	<b>Restrictions</b>	<b>Restrictions</b>	Total	<b>Restrictions</b>	<b>Restrictions</b>	Total
revenue support and revenue						
contributions	\$ 392,462	۱ ک	\$ 392,462	\$ 401,382	s I	\$ 401,382
Legacy donations	140,834	I	140,834	783,151	I	783,151
P <sup>2</sup> P – Grant	1	I	1	106,042	I	106,042
Other H 1 11.	2,667	1	2,667	2,184	I	2,184
1 otal public support and revenue	232,903	1	535,963	1,292,759	5	1,292,759
<b>L</b> apenses		I			ı	
Program services	715,007	I	715,007	724,569	ı	724,569
<b>P</b> indraising	194,003	I	194,003	184,307	ı	184,307
Management and general	190,656	I	190,656	194,074	3	194,074
Total expenses	1,099,666	1	1,099,666	1,102,950	1	1,102,950
Excess (deficiency) of public support and						
revenue over expenses before investment return	( <u>503,/03</u> )	1	(203,703)	189,809	I	189,809
Investment return						
Designated for operations	563,130	1	563,130	554,811	I	554,811
Livestment return, net	1 077 062	6,347	1,316,080	1,239,480	7,120	1,246,600
	<u>CU0,2/0,1</u>	1,0,0	1,0/9,210	1,194,291	1,120	1,801,411
Change in net assets	1,309,160	6,347	1,315,507	1,984,100	7,120	1,991,220
Net assets, beginning of year	16,773,050	194,835	16,967,885	14,788,950	187,715	14,976,665
Net assets, end of year	\$18,082,210	\$ 201,182	\$18,283,392	\$ 16,773,050	\$ 194,835	\$ 16,967,885

See notes to financial statements.

<u>4</u>

Statement of Functional Expenses

511,187 144,271 144,271 132,923 5,933 10,599 10,110 62,651 10,110 62,651 7,866 5,861 5,481 38,701 4,794 \$ 1,102,95 Total 84,236<sup>-</sup> 20,779 2,245 742 194,074 Management  $1,325 \\ 12,999 \\ 7,582 \\ 57,829 \\ 57,829 \\$ 540 5,797 General **Supporting Activities** and Ś 2020Fundraising  $73,527 \\19,334 \\57,096 \\2,245 \\742 \\1,325 \\12,999$ 184,307 1,264 74 6,074 5,481 4,146  $\mathbf{S}$ 353,424104,15875,82721,7204,44977,9971,2644,74833,6155,86628,758 724.569 4,794 Program Services December 31 Ś 1166,410 115,182 15,736 10,856 10,856 10,105 91,633 91,633 91,633 65,342 \$1,099,666 \$ 528,350 41,110 1,9289,119 30,733 2,728 Total Management \$ 190,656 52286,750 23,957 1,263 11,454 1,304 57,266 6,228 General 1,357 555 Supporting Activities and 2021 Fundraising 75,925 22,307 58,170 522 9,119 1,3571,26311,4541,304\$ 194,003 6,588 5,994 \$ 120,146 57,012 14,692 8,142 7,579 68,725 8,725 8,076 8,076 8,076 1,928 Services Program 365,675 \$ 715,007 18,511 2,728 ploy e benefits and payroll taxes rce co tracts contracted transcription services Antracted publication services

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Insurance e t

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See notes to financial statements.

Total

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#### **Statement of Cash Flows**

	Year Ended December 31		
	2021	2020	
Cash flows from operating activities			
Changes in net assets	\$ 1,315,507	\$ 1,991,220	
Adjustments to reconcile change in net assets to			
net cash provided by (used in) operating activities			
Depreciation	2,728	4,794	
Realized (gain) on sale of investments	(709,138)	(157,895)	
Unrealized (gain) on investments	(917,610)	(1,452,046)	
Increase (decrease) in cash resulting from			
changes in operating assets and liabilities			
Prepaid expenses	(1,095)	12,666	
Accounts payable and accrued expenses	(2,534)	(20,706)	
Net cash provided by (used in) operating			
activities	(312,142)	378,033	
Cash flows from investing activities			
Purchase of investments	(2,444,372)	(4,269,750)	
Proceeds from sale of investments	2,755,583	4,052,749	
Net cash provided by (used in) investing			
activities	311,211	(217,001)	
Cash flows (used in) financing activities			
Payment of annuity obligations	(1,380)	(5,903)	
Net increase (decrease) in cash and cash			
equivalents	(2,311)	155,129	
Cash and cash equivalents, beginning of year	404,497	249,368	
Cash and cash equivalents, end of year	<u>\$ 402,186</u>	<u>\$ 404,497</u>	



#### Notes to Financial Statements December 31, 2021

#### <u>Note 1 – Nature of operations and summary of significant accounting policies</u>

#### Organization

Xavier Society for the Blind (the "Society") provides free reading material to clients who are sight impaired, without any charges for use or shipping. The reading materials, which are of a religious nature, are distributed mainly through the United States and Canada. In addition to sacred scripture, manuals of prayer, and religious textbooks, etc., the Society's principal ongoing services are to maintain a lending library and provide books and periodicals to the sight impaired.

#### A. Libraries

The Society maintains an extensive Braille library from which publications are provided to clients on demand. In addition, the Society has 1285 titles in its braille library and 950 titles in its audio library. The libraries have not been capitalized because most of the items comprising the collection are of low individual value and are subject to more than usual deterioration from use. From time to time, donations of library material have been made to other libraries. Master copies are reserved for copy making, the costs for material and binding are expensed. The libraries are covered by the Society's regular insurance.

#### B. Periodicals

The Society provides its clients, on request, the *Xavier Review*, *Mass Propers and the Catholic Review* in audio and in Braille. The Society also provides access to several periodicals through downloads from its website. The costs of this service are expensed under subcontracted publication services in the statement of functional expenses.

#### Basis of accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

#### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### Notes to Financial Statements (continued) December 31, 2021

#### <u>Note 1 – Nature of operations and summary of significant accounting policies</u> (continued)

#### Financial statement presentation

Under accounting principles generally accepted in the United States of America, the Society is required to report information regarding its financial position and activities according to two classes of net assets:

#### • <u>Net assets without donor restrictions</u>

Net assets without donor restrictions undesignated and available for general purposes and are used for the general activity of the Society. Assets restricted by Board designation are classified and reported as net assets without donor restrictions.

#### • <u>Net assets with donor restrictions</u>

Net assets with temporary donor restrictions consist of resources, the use of which have been restricted by donors. The release of net assets from restrictions results from either the satisfaction of the restricted purposes specified by the donors or from the passage of time.

Net assets with net assets with perpetual restrictions consist of resources, the use of which have been permanently restricted by donors and the income of which is directed for specific programs by the donor.

#### **Contributions**

Unconditional promises to give are recognized as contribution revenue and receivables in the period in which the promise is received. An asset other than cash, received as a gift, is recorded at fair value at the date of the gift or when proceeds from the sale of the asset are received. The Society records contributions received as net assets without donor restrictions and net assets with donor restrictions depending on the existence of any donor restrictions. Restricted contributions are reported as net assets without restrictions in the period in which they are received if the restrictions are met in the same reporting period.

Legacies and bequest are recognized when the gift is received, except that, if the Society has been notified by an administrator or attorney of an estate or trust that a specified amount has been determined and will be sent within a reasonable time, the legacy gift is recognized as an unconditional promise to give and is recorded as contribution revenue and a contribution receivable in the period that the notification is received.

#### Notes to Financial Statements (continued) December 31, 2021

#### <u>Note 1 – Nature of operations and summary of significant accounting policies</u> (continued)

#### Donated services

Donated services consist of time spent by volunteers and are recorded at their estimated fair values when they meet certain conditions. Donated services are reported as contribution revenue and expenses only if the services create or enhance a nonmonetary asset or would typically need to be purchased by the Society and are provided by individuals with such specialized skills.

Individuals volunteer (non-specialized) their time and perform a variety of tasks that assists the Society's mission. These services do not meet the criteria to be recorded and have not been included in the financial statements.

#### Cash and cash equivalents

Investments with original maturities of three months or less when purchased are considered to be cash equivalents. Funds on deposit at brokers and invested in money market accounts or liquid asset funds are considered to be marketable securities.

#### **Investments**

Investments are reported at fair value. Realized gain or loss on the sale of marketable securities is based on average cost; unrealized gain or loss on investments held at the statement of financial position date reflect the difference between fair value compared to the previously adjusted historical cost.

#### Fair measurements

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value and require disclosures about fair value measurements, including a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels explained below:

- Level 1 Fair value is based on quoted prices available in active markets for identical investments as of the reporting date. Investments included in this category include listed equities.
- Level 2 Fair value is based on inputs, other than Level 1, that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability through corroboration with observable market data.
- Level 3 Fair value is based on significant unobservable inputs for the asset and liability. These inputs require significant management judgment or estimation. Certain investments valued using a net asset value, or its equivalent, are subject to current redemption restrictions that will not be affed in the near term are including in his category.

#### Notes to Financial Statements (continued) December 31, 2021

#### <u>Note 1 – Nature of operations and summary of significant accounting policies</u> (continued)

#### Leasehold improvements and equipment

Expenditures for leasehold improvements and equipment are capitalized at cost. The Society capitalizes expenditures for property and equipment above a nominal amount with a useful life of greater than one year. Furniture, fixtures and equipment are depreciated on the straight-line method over their estimated useful lives, and leasehold improvements are amortized over the expected life of the lease.

#### Retirement benefits

The Society participates in a noncontributory retirement plan of the Archdiocese of New York for all employees. Annual funding requirements of the Society are based on charges submitted by the Archdiocese. The provision for retirement benefits was \$41,793 in 2021 and \$24,807 in 2020.

#### Concentrations of credit risk

The Society's financial instruments that are potentially exposed to concentrations of credit risk consist of cash, cash equivalents and investments. The Society places its cash and cash equivalents with what it believes to be quality financial institutions. At times throughout the year, cash balances are in excess of the FDIC insurance limit. The Society has not experienced any losses in such accounts to date. Investments are exposed to various risks such as interest rate, market volatility, liquidity and credit. Due to the level of uncertainty related to changes in interest rates, market volatility, liquidity and credit risks, it is reasonably possible that changes in these risks could materially affect the fair value of the investments reported in the statement of financial position at December 31, 2021. As a result, the Society believes no significant concentrations of credit risk exist with respect to its cash, cash equivalents and investments.

#### Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### Subsequent events

The Society has evaluated events and transactions for potential recognition or disclosure through March 24, 2022, which is the date the financial statements were available to be issued.

#### Notes to Financial Statements (continued) December 31, 2021

#### Note 2 – Liquidity and availability of financial assets

The following is a summary of the Society's financial assets as of the statement of financial position date:

	2021		 2020	
Cash and cash equivalents	\$	402,186	\$ 404,497	
Add: appropriation of investment return designated				
for operations*		677,875	 563,130	
Total financial assets	<u>\$</u>	1,080,061	\$ 967,627	

\* Annually, the Society designates an amount of its investments which is governed by its investment spending policy for operations which is approved by the Board.

#### <u>Note 3 – Marketable securities</u>

Investment in marketable securities is comprised of the following at December 31:

	202	1	2020			
			Fair			Fair
		Fair	Value		Fair	Value
	Cost	Value	Level	Cost	Value	Level
Cash and cash						
equivalents	\$ 256,642	\$ 256,642	(1)	\$ 395,883	\$ 395,883	(1)
Equity – mutual funds	8,257,777	11,017,232	(1)	7,964,885	10,216,464	(1)
Common stock/ETF	2,166,920	3,412,351	(1)	1,930,964	2,710,991	(1)
Fixed income –						
mutual funds/						
corporate bonds	2,418,708	2,443,906	(2)	2,630,695	2,748,157	(2)
Multi class – mutual						
Funds	374,772	414,504	· (1)	285,283	289,571	(1)
Hedge fund	366,227	373,500	(2)	234,632	240,152	(2)
Total	<u>\$ 13,841,046</u>	<u>\$17,918,135</u>	-	<u>\$ 13,442,342</u>	<u>\$16,601,218</u>	

#### Investment performance

Investment return for the years ended December 31, 2021 and December 31, 2020 has been reported on the statements of activities as follows:

		_2021		2020
Interest and dividends	\$	344,916	\$	271,395
Realized gains on sale of investments		709,138		157,895
Unrealized gain	$\frown$	917 610		1,452,046
Less: Investment maragement fee		<u>(92,454</u> )	V	(79,925)
Total investment return, net	\$	1,879,210	<u>\$</u>	1,801,411

#### Notes to Financial Statements (continued) December 31, 2021

#### Note 4 – Property and equipment

Property and equipment, at cost, consists of the following at December 31:

	 2021		2020
Furniture, fixtures and equipment	\$ 98,670	\$	98,670
Less: accumulated depreciation	 (95,338)		(92,610)
Total	\$ 3,332	<u>\$</u>	6,060

#### <u>Note 5 – Paycheck Protection Program</u>

On April 15, 2020, the Society, was approved for and received a \$106,042 term note under the Paycheck Protection Program (the "PPP Loan"). The PPP Loan was created as part of the relief efforts related to COVID-19 and administered by the Small Business Administration (the "SBA"). During 2020, the Society met the requirements for loan forgiveness and filed an application for PPP Loan forgiveness. During November 2020, the PPP Loan forgiveness application was confirmed by the SBA and as a result, the Society recorded grant revenue of \$106,042.

#### <u>Note 6 – Net assets with donor restrictions</u>

#### With Temporary Donor Restrictions

The Society maintains a segregated gift annuity fund in which identifiable separate donor restricted investment are held as net assets with temporary donor restrictions. A lifetime annuity is paid to the donor or other named beneficiary from this fund. As of December 31, 2021 and 2020, the Society's net assets with temporary donor restrictions totaled \$59,364 and \$53,017, respectively.

In accordance with a policy adopted by the Board of Directors, the gift portion is withdrawn from the annuity fund only at termination of each agreement, i.e., upon the demise of the annuitant(s) when the principal becomes available for the Society's use.

#### Endowment fund

#### With Perpetual Donor Restrictions

The Society has received contributions with perpetual restrictions as to their use. These contributions comprise an endowment fund in which the principal of the fund is not available for the Society's general use, but is intended to generate investment income, which is available for the Society's general purposes and is reported as net assets with donor restrictions. The Society's net assets with perpetual donor restrictions totaled \$141,818 for the year ended December 31, 2021 and December 31, 2020.

#### Notes to Financial Statements (continued) December 31, 2021

#### <u>Note 6 – Net assets with donor restrictions</u> (continued)

#### Donor-designated Endowment

Under the New York Prudent Management of Institutional Funds Act ("NYPMIFA"), the Society may appropriate so much of an endowment fund as it deems prudent, considering the specific factors set forth in NYPMIFA and subject to the intent of the donor. Unless stated otherwise, the earnings in an endowment fund are donor-restricted until appropriated.

The Society classifies as assets with perpetual donor restrictions the original value of the gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. In accordance with NYPMIFA, the Society is required to act prudently when making decisions to spend or accumulate donor restrictions endowment assets and in doing so the Society considers the following: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Society, (7) where appropriate and circumstances would otherwise warrant, alternatives to expenditure of the endowment fund, giving due consideration to the effect that such alternatives may have on Society and (8) the Society's investment policies.

The Society has adopted an investment policy with the stated primary objective to preserve capital of the Endowment. The secondary objective is to maintain purchasing power by growing the investments at an annual rate that equals or exceeds the rate of inflation. The third objective is growth and income. Over a five-year rolling period, the investments should closely track the return of the balanced market indices. The Endowment fund is managed with the same objective and is comprised of an allocation of marketable securities disclosed in Note 1.

#### Return Objectives and Risk Parameters

The Society has adopted investment and spending policies that attempt to provide a predictable stream of funding to programs while seeking to maintain the purchasing power of the assets. Assets include those assets with permanent donor restrictions that the Society must hold in perpetuity, as well as funds designated by the Board. Under this policy, as approved by the Board, the assets are invested in a combination of equity and fixed income investments to provide sufficient liquidity while assuming an acceptable level of risk.

#### Strategies Employed for Achieving Objectives

The Society assets are managed to preserve the value of the fund adjusted for inflation through long-term appreciation of principal (equal to or greater than the rate of inflation).

#### Notes to Financial Statements (continued) December 31, 2021

#### <u>Note 6 – Net assets with donor restrictions</u> (continued)

#### **Board-designated Endowment**

As of December 31, 2014, the Board of Directors had designated the marketable investments held by the Wilmington Trust as a restricted endowment fund to support the mission of the Society. Since this amount resulted from an internal designation and is not donor-restricted, it is classified and reported as net assets without donor restrictions.

#### Spending Policy and how the Investment Objectives Relate to Spending Policy

Expenditures of the board-designated funds are limited to such purposes as approved from time to time by the Board. During 2021 and 2020, the Board approved a transfer of \$563,130 and \$554,811 from the board-designated endowment funds to the operating fund. These transfers represent allocations of investment earnings based on a 4% assumed return on the fair value of the previous year's portfolio. During 2021, the Board approved an increase in the spending rate from 4% to 4.5% starting in 2022.

Changes in net assets with internal and external restrictions as of December 31, 2021 and 2020 are as follows:

			2021	
	Without Donor			
	Restrictions		With	
	(Board	Donor		
	Designated) Restrictions		Total	
Endowment net assets, beginning of year	\$16,377,215	\$	194,835	\$16,572,050
Transfers out	(17,977)		-	(17,977)
Net gain on investments	1,872,863		6,347	1,879,210
Appropriation of endowment assets				
to expenditure	(563,130)		-	(563,130)
Endowment net assets, end of year	<u>\$17,668,971</u>	\$	201,182	\$17,870,153

#### Notes to Financial Statements (continued) December 31, 2021

#### <u>Note 6 – Net assets with donor restrictions</u> (continued)

Spending Policy and how the Investment Objectives Relate to Spending Policy (continued)

	2020			
	Without Donor			
	Restrictions		With	
	(Board		Donor	
	Designated)	Re	strictions	Total
Endowment net assets, beginning of year	\$14,551,490	\$	187,715	\$14,739,205
Transfers in	586,245		-	586,245
Net gain on investments	1,794,291		7,120	1,801,411
Appropriation of endowment assets				
to expenditure	(554,811)		-	(554,811)
Endowment net assets, end of year	<u>\$16,377,215</u>	<u>\$</u>	194,835	\$16,572,050

#### Note 7 – Commitments

During November 2017, the Society entered into an agreement to lease office space in New York City. The lease is for a five year term ending February 2023, with an option to renew for five additional annual periods.

In connection with the lease, the Society paid an \$8,325 security deposit. Total rent expense for the years ended December 31, 2021 and 2020, was \$91,633 and \$103,995, respectively. The total future minimum lease commitments are as follows:

Year	Amount
2022	\$ 111,839
2023	18,740
Total	<u>\$ 130,579</u>

#### Note 8 – Free mailings (unaudited)

The United States Postal Service Regulation 135, "Free Matter for the Blind and Other Handicapped Persons," states that certain acceptable material may be mailed to the blind at no charge. As part of its program services, the Society mailed approximately 13,428 and 14,080 pieces of mail during 2021 and 2020, respectively, that qualified as acceptable matter under the U.S. Postal Service Regulation 135. In effect, these pieces of mail were sent free of charge and, because the value of the postage is not readily determinable, no postage expense is reflected in the financial statements for these mailings.



#### Notes to Financial Statements (continued) December 31, 2021

#### Note 9 - Tax status

The Society is a not-for-profit organization, as defined in Section 501(c)(3), and is exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code. The Society has been classified as an organization that is not a private foundation under Section 509(a). The Society qualifies for the maximum charitable contribution deduction available to donors.