Form 8	879-TE		IRS e-file Sig for a Ta	nature Authors Exempt En	orization tity		OMB No. 1545-0047
		For calendar ye	ar 2022, or fiscal year beginning	PR 1 , 2022, and e	ending MAR 3	1 , 20 <u>23</u>	2022
Departme	ent of the Treasury		Do not send to	the IRS. Keep for your	records.		2022
Internal F	Revenue Service		Go to www.irs.gov/Fo	rm8879TE for the late	st information.		
Name o						EIN or	
			ETY TO PREVENT			36-	-3667121
Name a	nd title of officer or p	erson subject to		AN			
Dort	Turno of	Datum and	VP & CFO Return Information				
Part							
Form 5 or 10a whiche	5330 filers may ent below, and the an	er dollars and c nount on that lir	ne for the return being filed w	er whole dollars only. If ith this form was blank,	you check the bo , then leave line 1	x on line 1a, 1b, 2b, 3b, 4b	2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,
1 a	Form 990 check	here	X b Total revenue, if a	any (Form 990, Part VIII	, column (A), line	12)	<u>ть 5,068,074.</u>
2a	Form 990-EZ ch	eck here	b Total revenue, if a	any (Form 990-EZ, line §	9)		2b
3a	Form 1120-POL	check here	b Total tax (Form 1	120-POL, line 22)			3b
4a	Form 990-PF ch	eck here	b Tax based on inv	estment income (Form	n 990-PF, Part V, I	ine 5)	4b
5a	Form 8868 chec	k here		m 8868, line 3c)			
6a	Form 990-T che	ck here	b Total tax (Form 99	90-T, Part III, line 4)			6b
7a	Form 4720 chec		·	720, Part III, line 1)			7b
8a	Form 5227 chec			end of tax year (Form	5227, Item D)		8b
9a	Form 5330 chec		b Tax due (Form 53	30, Part II, line 19)			9b
10a	Form 8038-CP			payment requested (F			10b
Part			gnature Authorization				
Under			X I am an officer of the a	•			
of entit			g schedules and statements				have examined a copy of the
later th payme person	nan 2 business day ant of taxes to rece nal identification nu	s prior to the p ive confidential mber (PIN) as r	this account. To revoke a parayment (settlement) date. I al information necessary to any ny signature for the electroni	so authorize the financi swer inquiries and resol	al institutions involve issues related	olved in the pr to the paymer	rocessing of the electronic nt. I have selected a
	heck one box only X I authorize SZ		T.T.C			to enter n	ny PIN 36324
L		100111	ERO firm				Enter five numbers, but
							do not enter all zeros
	with a state ag on the return's As an officer or return. If I have	ency(ies) regula disclosure con person subjec indicated with	ar 2022 electronically filed ref ting charities as part of the II sent screen. t to tax with respect to the el in this return that a copy of the enter my PIN on the return's of	RS Fed/State program, ntity, I will enter my PIN ne return is being filed v	I also authorize th as my signature o vith a state agenc	ne aforemention	oned ERO to enter my PIN ar 2022 electronically filed
Cieneture							Date
Part	e of officer or person subj		uthentication				Duit
FBO's	FFIN/PIN, Enter \	our six-diait ele	ectronic filing identification				
	er (EFIN) followed b	•	· ·	Г	36898339	746	
		,, ,			Do not enter all		
submit		•	ny PIN, which is my signatur n the requirements of Pub. 4		-		
ERO's s	signature TI	MOTHY G.	GRIFFITH		Date	11/09/2	23
		Do N	ERO Must Retain ot Submit This Form to				
	For Drivoov Act				icquesteu 10	50.00	Form 8879-TE (2022)
LNA	-or Privacy Act ar	u Paperwork	Reduction Act Notice, see i	nsu ucuons.			
202521	12-16-22						

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022

Т

		of the Treasury enue Service	Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the lat	-	•	Open to Public Inspection
Α	For th	e 2022 calenda	ar year, or tax year beginning ${ m APR}1$, 2022 and endin	ng MA	R 31, 2023	
В	Check if applicab	C Name of	organization	1	D Employer identificat	ion number
	Addre chang Name	ess ge NATI	ONAL SOCIETY TO PREVENT BLINDNESS		36-3667121	
	Initial		and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone number	
	Final	225	WACKER DRIVE 400		312-363-60	13
	termi	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,247,693.
	Amer returr	nded OUTO	AGO, IL 60606		H(a) Is this a group retu	
	Appli tion	^{ca-} F Name a	nd address of principal officer: JEFF TODD		for subordinates?	
	pend	ing SAME .	AS C ABOVE	1	H(b) Are all subordinates includ	led? Yes No
1	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a list	. See instructions
	Webs		ENTBLINDNESS.ORG		H(c) Group exemption n	
		f organization:	X Corporation Trust Association Other L	_ Year of	formation: 1909 M S	tate of legal domicile: ${ t I}{ t I}$
P	art I	Summary				
đ	1		e the organization's mission or most significant activities: WE PREV			
- Ou		PRESERV	E SIGHT ACROSS ALL AGE SPECTRUMS AND			
Governance	2	Check this bo		more th		
Ň	3		ing members of the governing body (Part VI, line 1a)			25
			ependent voting members of the governing body (Part VI, line 1b)			25
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			<u>132</u> 259
tivit	6		of volunteers (estimate if necessary)			
Aci	/ a		d business revenue from Part VIII, column (C), line 12			0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		3,709,027.	3,822,127.
ne	9				710,803.	911,847.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		331,193.	314,450.
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,800.	19,650.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,816,823.	5,068,074.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		127,300.	129,500.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
Ś	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		2,535,753.	2,681,343.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		31,855.	0.
Del	b		ng expenses (Part IX, column (D), line 25) 234,752.			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,469,866.	1,388,575.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,164,774.	4,199,418.
	19	Revenue less	expenses. Subtract line 18 from line 12		652,049.	868,656.
S OL	1				nning of Current Year	End of Year
Net Assets or	20	Total assets (F		1	.7,829,229.	18,176,110.
it As	21		(Part X, line 26)		815,401.	1,841,882.
			fund balances. Subtract line 21 from line 20	1	7,013,828.	16,334,228.
	art II	•				
	•		declare that I have examined this return, including accompanying schedules and s			owledge and belief, it is
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	eparer ha	as any knowledge.	

Sign	Signature of officer		Date	
Here	KAREN HARTMAN, VP & CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature		TIN
Paid	TIMOTHY G. GRIFFITH	TIMOTHY G. GRIFFITH		0299751
Preparer	Firm's name SASSETTI LLC		Firm's EIN 36-223	39746
Use Only	Firm's address 2107 SWIFT DRIVE,	SUITE 210		
	OAK BROOK, IL 6052	23	Phone no. (708)	386-1433
May the IF	RS discuss this return with the preparer shown abov	re? See instructions	X	Yes No
232001 12-1	3-22 I HA For Paperwork Reduction Act Notice	e, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	1990 (2022) NATIONAL SOCIETY TO PREVENT BLINDNESS 36-3667121 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE PREVENT BLINDNESS AND PRESERVE SIGHT ACROSS ALL AGE SPECTRUMS AND
	MULTIPLE EYE CONDITIONS. WE FOCUS ON IMPROVING THE NATION'S VISION AND
	EYE HEALTH BY EDUCATING THE AMERICAN PUBLIC ON THE IMPORTANCE OF
	TAKING CARE OF THEIR EYES AND VISION, BY PROMOTING ADVANCES IN PUBLIC
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 711,057. including grants of \$ 34,329.) (Revenue \$ 109,037.
4a	
	PUBLIC EDUCATION/AWARENESS - PREVENT BLINDNESS INCREASES AWARENESS AND
	EDUCATES THE PUBLIC ON THE IMPORTANCE OF TAKING CARE OF THEIR EYES
	THROUGH BROCHURES, FACT SHEETS, PUBLIC SERVICE ANNOUNCEMENTS,
	NEWSLETTERS, MEDIA CAMPAIGNS, SPECIAL EVENTS, MONTHLY OBSERVANCE
	CALENDAR, OUR WEBSITE AND SOCIAL MEDIA. EACH YEAR MILLIONS OF PEOPLE
	READ, HEAR OR SEE OUR MESSAGES ABOUT EARLY DETECTION OF EYE DISEASE AND
	PREVENTION OF ACCIDENTS THAT CAN CAUSE PERMANENT LOSS OF SIGHT. SOCIAL
	MEDIA AND NEWS OUTLET PLACEMENTS IMPRESSIONS TOTALED OVER 2 BILLION
	LAST YEAR.
4b	(Code:) (Expenses \$ 825,539 • including grants of \$ 10,882 •) (Revenue \$
	COMMUNITY SERVICE/PATIENT SUPPORT - PREVENT BLINDNESS ADVOCATES FOR
	PUBLIC POLICIES THAT IMPROVE HEALTH SYSTEMS NATIONWIDE AND RESOURCES
	THAT ENSURE EVERYONE HAS AFFORDABLE, ACCESSIBLE, AND QUALITY EYE CARE
	OPTIONS. CURRENT EFFORTS INCLUDE ADVOCATING FOR INCREASED SURVEILLANCE
	OF VISION PROBLEMS, PUBLIC HEALTH AND PREVENTION PROGRAMMING,
	INVESTMENTS IN RESEARCH, ACCESS TO EYE HEALTH CARE, SAFETY IN AND
	ACCESS TO EFFECTIVE TREATMENTS, A STRENGTHENED EYE HEALTH PROFESSIONAL
	WORKFORCE, AND FAIR OUT-OF-POCKET COSTS. WE PROVIDE PATIENT SUPPORT
	THROUGH EDUCATION AND AWARENESS CAMPAIGNS, FREE/LOW-COST EYE CARE
	ASSISTANCE THROUGH INDUSTRY PARTNERSHIPS, AND ADVOCACY AND SUPPORT
	PROGRAMS THAT EMPOWER INDIVIDUALS LIVING WITH VISION CHALLENGES AND
	THEIR CAREGIVERS. IN ADDITION, OUR AFFILIATE SYSTEM SCREENED OVER 1
4c	(Code:) (Expenses \$1,442,500. including grants of \$78,443.) (Revenue \$243,438. HEALTH EDUCATION & TRAINING - PREVENT BLINDNESS SERVES AS AN EDUCATION
	AND TECHNICAL ASSISTANCE RESOURCE FOR PUBLIC HEALTH PROFESSIONALS ON
	AREAS RELATED TO EYE HEALTH THROUGH DIRECT VISION PROGRAM REVIEW AND
	GUIDANCE, AN ANNUAL NATIONAL EYE HEALTH SUMMIT, WEBINARS, ALLIED HEALTH
	EDUCATION, SURVEILLANCE EFFORTS, ONLINE TRAINING AND CERTIFICATION
	PROGRAMS, RESEARCH GRANTS, AND PROFESSIONAL RECOGNITION AWARDS. THESE
	ACTIVITIES ARE TARGETED TOWARDS EYE CARE PROFESSIONALS, HEALTHCARE
	PROVIDERS, TEACHERS, COMMUNITY SERVICE PROVIDERS, AND SOCIAL WORKERS
	ALONG WITH OTHERS WORKING IN THE FIELD OF BLINDNESS PREVENTION. WE
	EDUCATED, TRAINED OR CERTIFIED OVER 700,000 PROFESSIONALS AND
	ORGANIZATIONS LAST YEAR.
44	Other program services (Describe on Schedule O.)
-u	
4-	
40	Total program service expenses 3,217,957. Form 990 (2022
32002	$\frac{2}{2} = 12-13-22$
1 1	—
11	L09 707170 8272 2022.05000 NATIONAL SOCIETY TO PREVE 8272

Form 990 (2022)			то	PREVENT	BLINDNESS
Part IV Checklist of	Required Scheo	dules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		00000
232003	12-13-22	⊦orm	33U ((2022)

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3 2022.05000 NATIONAL SOCIETY TO PREVE 8272___1

Form 990 (2					BLINDNESS
Part IV	Checklist of F	Required Scheo	dules _{(continue}	ed)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		- 23
D.	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	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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,			
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		v
200	"Yes," complete Schedule L, Part IV	28c 29		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	29		
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		I
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22 A	Form	990	(2022)

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2022.05000 NATIONAL SOCIETY TO PREVE 8272___1

Form	990 (2022) NATIONAL SOCIETY TO PREVENT BLINDNESS 36-3667 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	121	P	_{age} 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 132			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

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Form 990	(2022)
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NATIONAL SOCIETY TO PREVENT BLINDNESS

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

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

		1 1		0.5		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		25			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the						
	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 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or				
-	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	0				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	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 Re	venue (Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the t	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			12c	х	
40	on Schedule O how this was done				13	X	
13	Did the organization have a written whistleblower policy?				14	X	
14 4 5	Did the organization have a written document retention and destruction policy?				14	~	
15	Did the process for determining compensation of the following persons include a review and approva	li by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					х	
	The organization's CEO, Executive Director, or top management official				15a	~	v
b	Other officers or key employees of the organization				15b		X
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taughts active during the age 2				40		v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
200	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure	<u>а т</u> т	70 7	17 T 3	1077	100	163
	List the states with which a copy of this Form 990 is required to be filedAL, AZ, AR, CA, D						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-	I (section !	o01(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest p	olicy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's book KAREN HARTMAN - $312 - 363 - 6013$	oks and	records				
	225 WACKER DRIVE, 400, CHICAGO, IL 60606						
	225 WACKER DRIVE, 400 , CHICAGO, ID 00000						

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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.

		Jigu	mzu			pen	Juit	i í	,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cł		ition more f		one	Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week	-		aua		1 4 40	.00)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	Individual trustee or director	Institutional trustee	sr	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	In stit	Officer	Key e	Highe empli	Former			
(1) JEFFREY TODD	40.00									
PRESIDENT & CEO				х				261,299.	0.	32,996.
(2) KAREN HARTMAN	40.00							-		
V.P. & CFO				х				155,999.	0.	27,486.
(3) KIRA N. BALDONADO	40.00							-		
VP PUBLIC HEALTH & POLICY						х		132,804.	0.	24,304.
(4) CHARLES K WEST	40.00									
SR. DIRECTOR, MARKETING COMMS						х		119,683.	0.	24,807.
(5) SARA D BROWN	40.00									
DIRECTOR, GOVT AFFAIRS						х		107,405.	0.	23,765.
(6) SARAH RUTH HECKER	40.00									
SR. DIRECTOR, MARKETING						х		105,883.	0.	24,346.
(7) KATHRYN DESULIS	40.00									
DIRECTOR, DEVELOPMENT						Х		112,595.	0.	15,940.
(8) JIM MCGRANN	2.00									
BOARD CHAIR		X		Х				0.	0.	0.
(9) STEPHANIE MARIONEAUX	2.00									
SECRETARY		X		Х				0.	0.	0.
(10) CADMUS RICH	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) JAMES ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MITCHELL BRINKS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JIM BROCATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) R.V. PAUL CHAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) LINDA CHOUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ANDY DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) PATRICIA L DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
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		SOCIETY	ГТ	0	PR	EV	7EN	Т	BLINDNESS	36-366	712:	1 F	-age 8
Parl	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		ו than c	ne	Reportable	Reportable		Estimat	ted
		hours per	box	, unles	ss pei	rson i	is both	ı an	compensation	compensation		amount	t of
		week	offi	cer an	ıd a d	irecto	or/trus	tee)	from	from related		othe	r
		(list any	ector						the	organizations	co	ompens	ation
		hours for	or dire				ted		organization	(W-2/1099-MISC/		from th	he
		related	stee o	ruste			Densa		(W-2/1099-MISC/	1099-NEC)		organiza	
		organizations	al tru:	onal t		loyee	e com		1099-NEC)			and rela	
		below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	rganizat	tions
		line)	pul	lns	Offi	Key	en Hig	For			—		
	PAUL DELATORE	1.00											•
	D MEMBER	1	Х						0.	0	·		0.
(19)	JOHN FERRIS	1.00											
BOARI	D MEMBER		Х						0.	0	•		0.
(20)	TED GILLETTE	1.00											
BOARI	D MEMBER		Х						0.	0	.		Ο.
(21)	ALAN GUNNER	1.00											
BOARI	MEMBER		х						0.	0			0.
(22)	JACQUELINE HERD	1.00									1		
BOARI	MEMBER		х						0.	0			0.
	PAUL G HOWES	1.00					+			U	+		
-) MEMBER	1.00	х						0.	0			Ο.
	PAUL HUFF	1.00	Λ						0.	0	·		0.
		1.00	х						0.	0			0
	MEMBER	1 00	Λ				-		0.	0	·		0.
	JEFF MCCLELLAN	1.00							0	0			~
	D MEMBER	1 00	Х				<u> </u>		0.	0	·		0.
	MARCUS J MOLEA	1.00								•			•
BOARI	D MEMBER		Х						0.	0			0.
1b	Subtotal								995,668.	0	_	73,6	-
с	Total from continuation sheets to Part VI	, Section A							0.	0			0.
d	Total (add lines 1b and 1c)								995,668.	0	. 1	73,6	544.
2	Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												7
	· · ·											Yes	No
3	Did the organization list any former officer,	director, truste	ee. k	kev e	empl	ove	e. or	hia	hest compensated emp	ovee on			
	line 1a? If "Yes," complete Schedule J for si	uch individual	,	,	•	,	,	Ŭ		,	3		x
	For any individual listed on line 1a, is the su										-		
	and related organizations greater than \$150			-						-	4	X	
	Did any person listed on line 1a receive or a												
		•							•		5		x
	rendered to the organization? If "Yes." com ion B. Independent Contractors	plete Schedule	e J f	or sı	ich i	bers	ion .				<u> </u>		
										100.000 (
	Complete this table for your five highest con	•	•							· ·	ation	trom	
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.			
	(A) Name and business	addraaa	37/	~ * * *	-				(B) Description of s	onvisoo		(C) pensatio	~
		audress	NC	ONE	5			_	Description of s		Comp		511
								_					
-													
2	Total number of independent contractors (ir	ncludina but na	ot lir	niter	to t	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	•				(-		,				
	SEE PART VII, SECTION		IN	UA	ΤI	_	-	HE	ETS		For	m 990	(2022)
	,					-							()

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Jockson / A) (a) (b) (c) <									BLINDNESS	36-366	7121
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per (Ist ary) hours for related organizations below bel	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
week related organizations organizations line) week related organizations (W2/1099-MISC) week relations (W2/1099-MISC) compensation form the organizations (W2/1099-MISC) compensation form the organizations (W2/109-MISC) compensation form the orga		-	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
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	rt VIII	Statement of Rev	line					
		Check if Schedule O co	ontains a respor	nse or note to any lin		(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a	100.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
N G	с	Fundraising events	1c	200,708.				
ar /	d	Related organizations						
s, G milå	е	Government grants (contrib		35,848.				
Si	f	All other contributions, gifts, g	grants, and					
buti		similar amounts not included a		3,585,471.				
ot tri	g	Noncash contributions included in lin						
Cor	h				3,822,127.			
0.0				Business Code				
	2 a	AFFILIATE SUPP	PORT	900099	559,372.	559,372.		
vice	b	ISPB PROGRAM B		900099	243,438.	243,438.		
Ser	c	CERTIFICATION			109,037.			
ver Ver	d				10070070	100,00,0		
gra Re	u			_				
Program Service Revenue	e f	All other program service re						
-	•				911,847.			
	3	Total. Add lines 2a-2f			JII,047.			
	3	other similar amounts)	-		314,450.			314,450.
	4	Income from investment of			514,450.			511,1501
	4 5							
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents	6a	(ii) i oroonai				
			6b					
	b							
	C	Rental income or (loss) Net rental income or (loss)	6c					
	d Za		(i) Securiti	es (ii) Other				
	<i>i</i> a	Gross amount from sales of						
		, , , , , , , , , , , , , , , , , , ,	7a					
	a	Less: cost or other basis						
nue			7b					
Revenue		· · · · · · · · · · · · · · ·	7c					
r B		Net gain or (loss)		·····				
Othe	8 a	Gross income from fundraising	g events (not					
0		including \$ 200						
		contributions reported on li	-	105 006				
				8a195,006.				
				_{8b} 179,619.	15 207			
		Net income or (loss) from fu	-	ts	15,387.			15,387.
	9 a	Gross income from gaming		_				
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from g	-					
	10 a	Gross sales of inventory, le						
		and allowances		10a				
		Less: cost of goods sold		10b				
	С	Net income or (loss) from s	ales of inventor	y Business Code				
sr				900099	4,263.			4,263.
leol	11 a	OTHER INCOME			4,203.			4,203.
scellaneo Revenue	b							
Miscellaneous Revenue	ر اہ							
Mi		All other revenue			4,263.			
	<u>е</u> 12	Total. Add lines 11a-11d			4,203. 5,068,074.	911,847.	0.	334,100.
00000	12 9 12-13-	Total revenue. See instruction			~,000,0/1.	<u> </u>		Form 990 (2022)

NATIONAL SOCIETY TO PREVENT BLINDNESS

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Form 990 (2022)

10

36-3667121 Page 9

NATIONAL SOCIETY TO PREVENT BLINDNESS Part IX Statement of Functional Expenses

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

Dot on bracked amounter anounter anounter on times BD; Total expenses Management and general expenses Fedgram service anounce anounce of the set o	0000	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		-		X
To, Bb, B, and 10b of Part Wit. Total Replacement Total Replacem	Dor		(A)	(B)	(C)	(D)
1 Grants and other assistance to domestic and observements. See Part N, line 21 129,500. 129,500. 2 Grants and other assistance to domestic individuals. See Part N, line 21 129,500. 129,500. 3 Grants and other assistance to domestic individuals. See Part N, line 21 129,500. 129,500. 4 Benefits paid to of or members. 5 5 5 5 Compensation of current officers, directors, trustees, and key employees 417,298. 334,429. 62,152. 20,717. 6 Compensation is accidna@sign(X)(B) 1,705,744. 1,367,010. 254,050. 84,684. 7 Other salarise and wage 157,451. 125,961. 23,618. 7,872. 10 Person planearchis accidna@sign(X)(B) 1,705,744. 1,367,010. 254,050. 84,684. 9 Other employee banefits 400,850. 321,431. 59,564. 19,855. 10 Perofits and accounting and combutors (Induitions		1 1	l otal expenses		Management and general expenses	
2 Grants and other assistance to domesic individuals. See Part V, inter 22 Image: Comparison of Com	1	Grants and other assistance to domestic organizations		·		•
in circlyduds. See Part V, line 22		and domestic governments. See Part IV, line 21	129,500.	129,500.		
3 Gamb and other assistance to foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officiens, directors, trustees, and key employees Compensation of included above to disqualified persons (activity) and appenson discretion of include dabove to disqualified persons (activity) and at (activity) and persons discretion (activity) and persons discretion (activity) and at (activity) and persons discretion (activity) and persons discretion (activity) and at (activity) and persons discretion (activity) and persons discretion (activity) and (activity) and	2	Grants and other assistance to domestic				
applications, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 15 image: image	3	Grants and other assistance to foreign				
4 Bendfis paid to of or members 4 Additional and the second s		organizations, foreign governments, and foreign				
5 Compensation of current offices, directors, trustese, and key employees 417,298.334,429.62,152.20,717. 6 Compensation not included above to disqualified persons (as defined under section 4568(1/10) and persons discribed in section 4568(1/10) and there section 4568(1/10) and persons discribed in the analysis of the section 400, 850, 1321, 431, 59, 554, 19, 855. 19, 705, 744.1, 1, 367, 010.254, 050.84, 684. 9 Other searces and vages 1, 705, 744.1, 1, 367, 010.254, 050.84, 684. 9 Other searces and vages 157, 451.125, 961.23, 618.7, 872. 10 Legal 4, 053.2, 027.1, 986.400. 0 Caccounting 686, 652.43, 326.42, 2459.867. 11 Fees for services, fore on the second of the 2, 000.76, 000.76, 000. 131, 698.9 9 Other (I line 1ig amount eleves of the 2, 000 and 100.8, 965.106, 786.2, 179. 12 Advertising and persons discribed by and the		individuals. See Part IV, lines 15 and 16				
tusteses, and key employees 417,298.334,429.62,152.20,717. 6 Compensation not included above to disquiffed persons (as defined under section 4050(r)(1) and persons described in section 4050(r)(3)(8) 1,705,744.1,367,010.254,050.84,684. 7 Other satisfies and wage 1,705,744.1,367,010.254,050.84,684. 8 Pension plan accruate and contributions (include section 4050(r)(3)(8) 400,850.321,431.59,7564.19,855. 9 Other employee benefits 157,451.125,961.23,618.7,872. 10 Payrol taxes 157,451.125,961.23,618.7,872. 11 Fees for services (nonemployees): 400,850.322,027.1,986.400. 8 Accounting 4,053.2,027.1,986.400. 9 Other, allances 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.01 31,698.31,698.31,698. 13 Office expenses 134,698.72,103.35,722.26,873. 14 Information technology 134,698.72,103.35,722.26,873. 15 Ordice expenses 134,698.72,103.35,722.26,873. 16 Occupancy 217,930.108,965.106,786.2,179. 17 Taval 88,457.71,523.7,045.9,889. 16 Occupancy 209,367.169,287.16,673.23,407. 17,282.316,108,296.3246.14,256.291. 29,093.14,546.14,256.291.	4	Benefits paid to or for members				
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c Accounting 86,652. 43,326. 42,459. 867. d Lobbying 76,000. 76,000	а	Management				
d Lobbying 76,000. 76,000. e Protessional fundrising services. See Part IV, line 17 1 f Investment management fees 31,698. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 453,611. 361,982. 54,294. 37,335. 12 Advertising and promotion 134,698. 72,103. 35,722. 26,873. 14 Information technology 134,698. 72,103. 35,722. 26,873. 15 Royaties 217,930. 108,965. 106,786. 2,179. 16 Occupancy 217,930. 108,965. 106,786. 2,179. 17 Travel 209,367. 169,287. 16,673. 23,407. 19 Conferences, conventions, and meetings 209,367. 169,287. 16,673. 23,407. 21 Payments to affiliates 29,093. 14,546. 14,256. 291. 24 Other expenses. Itemize expenses on Covered above. (List micelineares sequences on Schedule 0.) 39,734. 19,867. 19,470. 397. 23 Insurance 24,114,256. 29,093. 14,546. 14,256. 291. 4 Interexpenses 17,282. 16,936. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
e Protessional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch C.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Office expenses 16 Occupancy 17 Travel 8 A 457. 9 Other. (If line 11g expenses on Sch C.) 4 Information technology 16 Occupancy 17 Travel 8 A 57. 9 Other expenses 17 Travel 9 Conferences, conventions, and meetings 20 209, 367. 169, 287. 16 Depreciation, depletion, and amortization 39, 734. 19 Conferences, conventions, and meetings 209, 093. 14 14, 546. 14, 256. 19 Other expenses. Itemize expenses on line 24e. If ine 24e anount exceeds 10% of line 25. column (A), amount, list line 24e expenses on Schedule 0.) a AWARDS & GRANTS					42,459.	867.
f Investment management fees 31,698. 31,698. g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 453,611. 361,982. 54,294. 37,335. 12 Advertising and promotion 134,698. 72,103. 35,722. 26,873. 13 Office expenses 134,698. 72,103. 35,722. 26,873. 14 Information technology 217,930. 108,965. 106,786. 2,179. 16 Occupancy 217,930. 108,965. 106,786. 2,179. 17 Travel 88,457. 71,523. 7,045. 9,889. 19 Conferences, conventions, and meetings 209,367. 169,287. 16,673. 23,407. 20 Interest 39,734. 19,867. 19,470. 397. 21 Payments to affiliates 34,098. 34,598. 34.556. 291. 21 Other expenses. Imize 200min (A, amount exceeds Column (A, amount exceed Column (A, amount exceeds Column (A, amount exceeds Column (A,			76,000.	76,000.		
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12 Advertising and promotion 13 Office expenses 134,698. 72,103. 35,722. 26,873. 13 Information technology 134,698. 72,103. 35,722. 26,873. 14 Information technology 217,930. 108,965. 106,786. 2,179. 16 Occupancy 217,930. 108,965. 106,786. 2,179. 17 Travel 88,457. 71,523. 7,045. 9,889. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 209,367. 169,287. 16,673. 23,407. 19 Conferences, conventions, and meetings 209,367. 19,470. 397. 21 Payments to affiliates 29,093. 14,546. 14,256. 291. 24 Other expenses. Itemize expenses on tocevered above, (List miscellance) sepenses on line 24e, If above, (List mis	g		450 611	261 000	F4 004	25 225
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15 Royalties 217,930. 108,965. 106,786. 2,179. 16 Occupancy 217,930. 108,965. 106,786. 2,179. 17 Travel 88,457. 71,523. 7,045. 9,889. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 209,367. 169,287. 16,673. 23,407. 20 Interest 209,367. 19,867. 19,470. 397. 21 Payments to affiliates 29,093. 14,546. 14,256. 291. 24 Other expenses. Itemize expenses on tocevered above. (List miscellaneous expenses on Schedule 0.) 39,734. 19,867. 19,470. 397. 23 AWARDS & GRANTS 17,282. 16,936. 346. 25 Total functional expenses. Add lines 1 through 24e 4,199,418. 3,217,957. 746,709. 234,752. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if rotowing SOP 98-2 (ASC 958-720) 4,199,418. 3,217,957. 746,709. 234,752.	13		134,698.	/2,103.	35,722.	26,8/3.
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19 Conferences, conventions, and meetings 209,367. 169,287. 16,673. 23,407. 20 Interest	18					
20 Interest			200 267	160 207	16 672	22 407
21 Payments to affiliates 39,734. 19,867. 19,470. 397. 22 Depreciation, depletion, and amortization 39,734. 19,867. 19,470. 397. 23 Insurance 29,093. 14,546. 14,256. 291. 24 Other expenses. Itemize expenses on to 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.) 17,282. 16,936. 346. a AWARDS & GRANTS 17,282. 16,936. 346. c			209,30/.	109,20/.	10,0/3.	<u>4</u> 3,40/.
22 Depreciation, depletion, and amortization 39,734. 19,867. 19,470. 397. 23 Insurance 29,093. 14,546. 14,256. 291. 24 Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) a AWARDS & GRANTS 17,282. 16,936. 346. b						
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24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 17,282. 16,936. 346. a AWARDS & GRANTS 17,282. 16,936. 346. b						
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a AWARDS & GRANTS 17,282. 16,936. 346. b	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b			17 202		16 026	216
c			1/,202·		10,930.	540.
d						
e All other expenses						
25 Total functional expenses. Add lines 1 through 24e 4,199,418. 3,217,957. 746,709. 234,752. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·	1 100 110	3 217 057	716 700	221 752
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)			4,199,410.	3,41,93/.	/40,/09.	234,/3Z.
educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)	26					
Check here if following SOP 98-2 (ASC 958-720)						
	000077	· · · · · · · · · · · · · · · · ·				Eorm 990 (2022)

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Form **990** (2022)

NATIONAL SOCIETY TO PREVENT BLINDNESS

36-3667121 Page 11

		Chack if Schodula O contains a reasonable or act	a to an	ling in this Part V			
		Check if Schedule O contains a response or note			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			850,564.	1	1,325,778.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			268,178.	3	296,985.
	4	Accounts receivable, net			614,446.	4	523,891.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Š,	9				187,740.	9	133,134.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		219,692. 123,654.			
	b	Less: accumulated depreciation	10b	123,654.	76,690.	10c	96,038.
	11	Investments - publicly traded securities			8,627,489.	11	8,227,660.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	I1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,204,122.	15	7,572,624.
$ \rightarrow $	16	Total assets. Add lines 1 through 15 (must equa	3)	17,829,229.	16	18,176,110.	
	17	Accounts payable and accrued expenses			197,109.	17	179,785.
	18	Grants payable		18			
	19	Deferred revenue			219,550.	19	80,591.
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
dei.		controlled entity or family member of any of thes	-			22	1 452 056
	23	Secured mortgages and notes payable to unrela				23	1,453,256.
	24	Unsecured notes and loans payable to unrelated	-	F		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	Complete Part X	398,742.		128,250.
	00	of Schedule D			815,401.		1,841,882.
-	26			• X	015,401.	26	1,041,002.
ŝ		Organizations that follow FASB ASC 958, cher and complete lines 27, 28, 32, and 33.	CK ner				
ů.	27				6,326,834.	27	5,981,572.
ala	28	Net assets with donor restrictions			10,686,994.	28	10,352,656.
Б	20	Organizations that do not follow FASB ASC 9			10,000,004.	20	10,332,030.
ЦЦ ЦЦ		and complete lines 29 through 33.	50, che				
p	29	Capital stock or trust principal, or current funds				29	
¥	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
et,	32	Total net assets or fund balances			17,013,828.	32	16,334,228.
			• • • • • • • • • • • •	····· -			
	33	Total liabilities and net assets/fund balances			17,829,229.	33	18,176,110.

Form 990 (2022)
Part X Balance Sheet

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Check if Schedule O contains a response or note to any line in this Part XIX1Total revenue (must equal Part VIII, column (A), line 12)15,068,0742Total expenses (must equal Part IX, column (A), line 25)24,199,4183Revenue less expenses. Subtract line 2 from line 13868,6564Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))417,013,8285Net unrealized gains (losses) on investments5-682,4216671178Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)9-865,83510Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))1016,334,228	Form	n 990 (2022) NATIONAL SOCIETY TO PREVENT BLINDNESS	36-3	667121	Pa	_{ge} 12
1Total revenue (must equal Part VIII, column (A), line 12)15,068,0742Total expenses (must equal Part IX, column (A), line 25)24,199,4183Revenue less expenses. Subtract line 2 from line 13868,6564Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))417,013,8285-682,42166067Investment expenses78Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)9-865,83510Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))16,334,228	Pa	Int XI Reconciliation of Net Assets				
2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))5Net unrealized gains (losses) on investments607671090ther changes in net assets or fund balances (explain on Schedule O)1016, 334, 228		Check if Schedule O contains a response or note to any line in this Part XI				X
2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))5Net unrealized gains (losses) on investments607671090ther changes in net assets or fund balances (explain on Schedule O)1016, 334, 228						
3 Revenue less expenses. Subtract line 2 from line 1 3 868,656 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 17,013,828 5 Net unrealized gains (losses) on investments 5 -682,421 6 6 6 7 7 6 8 7 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -865,835 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16,334,228	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 17,013,828 5 Net unrealized gains (losses) on investments 5 -682,421 6 6 6 7 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -865,835 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16,334,228	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 -682,421 6 6 6 7 6 7 8 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -865,835 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16,334,228	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -865,835 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16,334,228	5	Net unrealized gains (losses) on investments	5	-682	2,4	21.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -865,835 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16,334,228	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 -865,835 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16,334,228	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16,334,228	8	Prior period adjustments	8			
Column (B)) 10 16,334,228	9	Other changes in net assets or fund balances (explain on Schedule O)	9	-865	5,8	<u>35.</u>
	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		column (B))	10	16,334	1,2	28.
	Pa	Int XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XII				X
					Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	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 O.		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		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, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
consolidated basis, or both:		,				
Separate basis X Consolidated basis Both consolidated and separate basis		Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?				2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
		, , , , , , , , , , , , , , , , , , , ,		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2022)

SCHED	ULE A		Public Cha	rity Status an	d Pub	olic Su	innort		OMB No. 1545-0047
(Form 99	0)			nization is a section 501					2022
D				47(a)(1) nonexempt cha					Open to Public
Department o Internal Rever				ttach to Form 990 or Fo Form990 for instructior			ormation.		Inspection
Name of t	he organizati		<u>.</u>					Employer	identification number
				TY TO PREVENT					6-3667121
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The organ	ization is not a	private found	lation because it is: (For lines 1 through 12, c	heck only o	one box.)			
1	A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990).)				
3	=	-		anization described in se			-		
4	A medical res	-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5	•		or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). ((Complete Part II.)						
6	A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	-		•	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
	-		complete Part II.)						
8	-			(1)(A)(vi). (Complete Par					
9 📖	-	-	-	in section 170(b)(1)(A)(-		-	-
	-	or a non-land-(grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10	university:	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)	, , , , , , , , , , , , , , , , , , ,			, ,	•	,
11	An organizati	on organized	and operated exclus	ively to test for public sat	ety. See	section 50)9(a)(4).		
12	An organizati	on organized	and operated exclus	ively for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A si	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
. —			complete Part IV, Se						
b 🔽			-	l or controlled in connect			-		-
		-		anization vested in the sa	ame perso	ns that coi	ntrol or mana	ge the supp	oorted
•	- ⁻	. ,	st complete Part IV,	g organization operated	in connoct	ion with a	nd functions	lly intograte	d with
с 🗆	- 71	-		b). You must complete F		,		ily integrate	a with,
d		•	. , .	porting organization oper				ted organiz	ration(s)
		-		zation generally must sat				•	
			•	nplete Part IV, Sections	•		•		
e	Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, o	r Type III non-functio	nally integrated supportin	ng organiz	ation.			
f Ente	er the number of	of supported of	organizations						
			n about the supporte		(iv) Is the oras	anization listed			
(i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No			

Total

Schedule A (Form 990) 2022 NATIONAL SOCIETY TO PREVENT BLINDNESS 36-3667121 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

260	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	3264604.	2968185.	3762153.	3709027.	3822129.	17526098.				
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	2264604	2060105	2762152	2700027	2022120	17506000				
	Total. Add lines 1 through 3	3264604.	2968185.	3762153.	3709027.	3822129.	17526098.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11, column (f)						4605063.				
~							12921035.				
	Public support. Subtract line 5 from line 4.						12921055.				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	3264604.	2968185.	3762153.	3709027.	3822129	17526098.				
	Gross income from interest.	52010010	29001031	5702155.	5,0502,0	50222250					
U	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	195,434.	195,677.	139,211.	313,535.	314,450.	1158307.				
9	Net income from unrelated business				,						
-	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	2,133.	2,487.	1,593.	5,835.	4,263.	16,311.				
11	Total support. Add lines 7 through 10						18700716.				
12		etc. (see instructio	ons)			12 4	,628,299.				
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)					
	organization, check this box and stop	ohere									
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>69.09 %</u>				
	Public support percentage from 2021					15	73.23 %				
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies		-								
b	33 1/3% support test - 2021. If the o										
	and stop here. The organization qual										
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the fact					VI how the organiz	ation				
	meets the facts-and-circumstances te	-		• • • •	-						
b	10% -facts-and-circumstances test	-					10% or				
	more, and if the organization meets th										
40	organization meets the facts-and-circu		•		• •						
18	Private foundation. If the organization	on ala not check a	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a						
						Schedule A	(Form 990) 2022				

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Schedule A	(Form 990) 202	2 NAT	TIONAL	SOCIETY	то	PREVENT	BLINDNESS	36-3667121	Page 3
Part III	Support Scl	hedule for Org	janization	s Described	l in S	ection 509(a	n)(2)		

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

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgar	ization,
	check this box and stop here				•		
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 2	022 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
23202	23 12-09-22					Sched	lule A (Form 990) 2022
			16				

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1

2

3a

3b

3c

4a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 NATIONAL SOCIETY TO PREVENT BLINDNESS 36-3667121 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
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	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised or controlled the supporting organization	2	1

Supervis		Uneu une supr	Jorting organization.	
Section C.	Type II S	Supporting	Organizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the suppo

Section D	. All Type	e III Supp	orting Org	anizations

			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 that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- 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 instructions).	
---	--	---	---	--

- 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 **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a ... 2a ... 2b ... 3a ... 3a ...

V. N

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Schedule A (Form 990) 2022

_	edule A (Form 990) 2022 NATIONAL SOCIETY TO PRI rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			36-3667121 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

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NATIONAL SOCIETY TO PREVENT BLINDNESS 36-3667121 Page 7

_		ETY TO PREVENT		3	6-3667121	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	1	
Sect	ion D - Distributions			1	Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive)			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		T	10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	NATION	AL SOCI	ЕТҮ ТО	PREVENT	BLINDNESS	36-3667121 Page 8
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section	nformation. Pr nes 1, 2, 3b, 3c, 4t on D, lines 2 and 3	ovide the expla o, 4c, 5a, 6, 9a, ; Part IV, Sectio	anations requ 9b, 9c, 11a, on E, lines 1c	uired by Part II, 11b, and 11c; , 2a, 2b, 3a, an	line 10; Part II, line 1 Part IV, Section B, I d 3b; Part V, line 1;	I7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.
232028 12-09-2	2						Schedule A (Form 990) 202
202020 12-09-2	£			21			

SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	Far Ora		- Toy Under costion	E01(a) and eastion E	7	2022
	-	anizations Exempt From Incom if the organization is described				LULL
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for ir				Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, liı	ne 46 (Political Camp	aign Acti	vities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not con	nplete Part I-C.		-	
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete I	Parts I-A and C below.	. Do not complete Par	t I-B.	
 Section 527 organiza 	ations: Complete	Part I-A only.				
		Form 990, Part IV, line 4, or Fo				
		nave filed Form 5768 (election un	()/	•	•	
()()	•	nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	· ·	<i>//</i>		•
Tax) (See separate inst		Form 550, Fart IV, line 5 (Frox)	(Tax) (See Separate		1990-LZ,	
<i>,</i> , ,		ions: Complete Part III.				
Name of organization		·			Employe	r identification numbe
		L SOCIETY TO PREV				36-3667121
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 52	27 orgai	nization.
•	e e	ation's direct and indirect politica	I campaign activities i	in Part IV.		
2 Political campaign a	<i>,</i>				\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3).		
-		incurred by the organization under			\$	
		incurred by organization manage				
	•	n 4955 tax, did it file Form 4720 f				Yes N
4a Was a correction m		·				Yes N
b If "Yes," describe in	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section 5	501(c)(3	
		by the filing organization for sec			\$	
	0 0	ization's funds contributed to oth	er organizations for se	ection 527		
exempt function ac					\$	
	-	. Add lines 1 and 2. Enter here ar			•	
		1120 DOL for this year?				Yes N
		1120-POL for this year?		litical organizations to		
		tion listed, enter the amount paid	, .	•		
		omptly and directly delivered to a				
political action com	mittee (PAC). If a	additional space is needed, provi	de information in Part	IV.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organizatio		ntributions received an promptly and directly
				funds. If none, ent		delivered to a separate
						political organization. If none, enter -0
			1			

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the org	NATION	AL SO	CIETY TO PRI	EVENT BLIND		667121 Page 2
section 501(h)).	anization		ipt under section			
A Check X if the filing organiza expenses, and shar	re of excess I	obbying e	expenditures).		group member's name	e, address, EIN,
Uimi	ts on Lobby	ng Exper	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence public	opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legis	ative bod	ly (direct lobbying)		76,000.	
c Total lobbying expenditures (add li	nes 1a and 1	b)			76,000.	
d Other exempt purpose expenditure	es				4,117,414.	
e Total exempt purpose expenditure					4,193,414.	7,614,153.
f Lobbying nontaxable amount. Ente	er the amoun	t from the	e following table in both	n columns.	359,671.	530,708.
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
						100 (55
g Grassroots nontaxable amount (en		,			89,918.	132,677.
h Subtract line 1g from line 1a. If zero	,				0.	0.
i Subtract line 1f from line 1c. If zero	-				0.	0.
j If there is an amount other than zer reporting section 4911 tax for this			line 1i, did the organiza		[Yes No
			eraging Period Under			
(Some organizations the			• •	•	of the five columns be	low.
		-	ate instructions for lin			
	Lobby	ng Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	19	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	527	,652.	512,338.	851,233.	530,708.	2,421,931.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						3,632,897.
c Total lobbying expenditures	204	,690.	214,358.	173,503.	150,856.	743,407.
d Grassroots nontaxable amount	131	,913.	128,085.	212,809.	132,677.	605,484.
e Grassroots ceiling amount				.,		
(150% of line 2d, column (e))						908,226.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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NATIONAL SOCIETY TO PREVENT BLINDNESS 36-3667121 Page 3

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
	e lobbying activity.	Yes	Νο	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'NO" OR (I	o) Part I	II-A, line	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

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Schedule C Affiliated Group Lobbying Expenditures Part II -A		
Name of Affiliated Group Member NATIONAL SOCIETY OF PREVENT BLINDNESS	Employer ID Number 36-3667121	
Affiliated Group Member Address 225 W WACKER, SUITE 400 CHICAGO, IL 60606	Electing Member NO	
Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	76,000.	b
Total lobbying expenditures (add lines 1a and 1b)	76,000.	с
Other exempt purpose expenditures	4,117,414.	d
Total exempt purpose expenditures (add lines 1c and 1d).	4,193,414.	e
Lobbying nontaxable amount. Enter the amount from the following table:		
If the amount on The lobbying nontaxable amount is:		
Not over $$500,000$ 20% of the amount on line 1e> 500,000 <= 1,000,000		
Over \$17,000,000 \$1,000,000		f
Grassroots nontaxable amount (enter 25% of line 1f)		g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)		i

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	Affiliated G	.obbying Expenditures art II -A	
Name of Affiliated Group Memb PREVENT BLINDNE		Employer ID Num 31-606343	
Affiliated Group Member Addre 1500 W 3RD AVE COLUMBUS, OH 43		Electing Member NO	
Limits on Lobbying Expenditu	ires:		Line
Total lobbying expenditures to	influence public opinion (grassroo	oying)	1a
Total lobbying expenditures to	influence a legislative body (direct	ing) 32,350	b
Total lobbying expenditures (ac	Id lines 1a and 1b)		с
Other exempt purpose expendi	tures	1,538,234	d
Total exempt purpose expendit	ures (add lines 1c and 1d).	1,570,584.	е
Lobbying nontaxable amount. Enter the amount from the follo	wing table:		
If the amount on line e is:	The lobbying nontaxable amount is:		
Not over \$500,000 > 500,000 <= 1,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000		
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000	100,000 + 15% > 500,000 175,000 + 10% > 1,000,000		f
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000 \$1,000,000		
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000 Over \$17,000,000 Grassroots nontaxable amount	100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000 \$1,000,000 (enter 25% of line 1f)		g
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000 Over \$17,000,000 Grassroots nontaxable amount Subtract line 1g from line 1a (lin	100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000 \$1,000,000 (enter 25% of line 1f)		g h

Schedule C	Affiliated Gr	Lobbying Expenditures Part II -A	
Name of Affiliated Group Memb PREVENT BLINDNE		Employer ID Number $42-6083207$	
Affiliated Group Member Addre 1111 NINTH ST DES MOINES, IA		Electing Member NO	
Limits on Lobbying Expenditu	res:		Line
Total lobbying expenditures to i	nfluence public opinion (grassroot	bying) 0.	1a
Total lobbying expenditures to i	nfluence a legislative body (direct l	ving)	b
Total lobbying expenditures (ad	d lines 1a and 1b)	10,500.	c
Other exempt purpose expendi	ures	225,654.	d
Total exempt purpose expendit	ures (add lines 1c and 1d).	236,154.	e
Lobbying nontaxable amount. Enter the amount from the follo	ving table:		
If the amount on line e is:	The lobbying nontaxable amount is:		
Not over \$500,000 > 500,000 <= 1,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000		
Over \$17,000,000	\$1,000,000	47,231.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	11,808.	g
Subtract line 1g from line 1a (lin	nit to zero)	0.	h
Subtract line 1f from line 1c (lim	it to zero)	0.	i
Member's share of excess lobb	/ing expenditures	0.	

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Schedule C	Affiliated Group Lobbying Expend Part II -A	litures	
Name of Affiliated Group Memb PREVENT BLINDNE	er SS NORTH CAROLINA	Employer ID Number 56-6088141	
Affiliated Group Member Addres 4011 WESTCHASE RALEIGH, NC 276	BLVD	Electing Member NO	
Limits on Lobbying Expenditu	es:		Line
Total lobbying expenditures to i	nfluence public opinion (grassroots lobbying)		1a
Total lobbying expenditures to i	fluence a legislative body (direct lobbying)	26,000.	b
Total lobbying expenditures (ad	l lines 1a and 1b)	26,000.	с
Other exempt purpose expendit	ures	1,581,995.	d
Total exempt purpose expendit	ires (add lines 1c and 1d).	1,607,995.	e
Lobbying nontaxable amount. Enter the amount from the follo	ving table:		
If the amount on line e is:	The lobbying nontaxable amount is:		
Not over \$500,000 > 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	20% of the amount on line 1e 100,000 + 15% > 500,000 175,000 + 10% > 1,000,000 225,000 + 5% > 1,500,000		
Over \$17,000,000	\$1,000,000	230,400.	f
Grassroots nontaxable amount	enter 25% of line 1f)	57,600.	g
Subtract line 1g from line 1a (lin	it to zero)	0.	h
Subtract line 1f from line 1c (lim	t to zero)	0.	i
Member's share of excess lobb	ing expenditures	0.	

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SCHEDULE D (Form 990) Department of the Treasury	Complete if the organ Part IV, line 6, 7, 8, 9, 10 A	al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		OMB No. 15 202 Open to	22 Public
Internal Revenue Service		0 for instructions and the latest information		Inspection	
Name of the organization		O PREVENT BLINDNESS		ridentificatior 36-36671	
	tions Maintaining Donor Advised an answered "Yes" on Form 990, Part IV, line	d Funds or Other Similar Funds or . e 6.	Accounts.	Complete if th	е
		(a) Donor advised funds	(b) Funds an	nd other accour	nts
1 Total number at en	d of year				
	contributions to (during year)				
3 Aggregate value of	grants from (during year)				
4 Aggregate value at	end of year				
5 Did the organizatio		writing that the assets held in donor advised for exclusive legal control?		Yes	No
are the organization	is property, subject to the organization s				
	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	1 only		
6 Did the organizatio		dvisors in writing that grant funds can be used r donor advisor, or for any other purpose conf			

1	Purpose(s) of conservation easements held by the organization (check all that ap	pply).
	Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	nserva	tion easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	

а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
De	organization's accounting for conservation easements.	wiley Accete
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(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, p	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	, , ,	
b	Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

No

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		L SOCIETY 1					<u>36-36</u>			age 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or Ot	her S	Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that mak	e sign	ificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's e	xemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit o							_	_	_
_	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pai		ete if the organization	on answered "Yes"	on Fo	orm 990	, Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributior	s or other assets r	not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII						······		-	
	5	I	5					Amoun	t	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on F					?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Pa	rt V Endowment Funds. Complete i	if the organization and	swered "Yes" on F	orm 990, Part IV, li	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,478,217.	1,478,217	1,478,21	7.	1,4	78,217.	1	,478,	217.
b	Contributions									
с	Net investment earnings, gains, and losses		69,665	. 466,31	8.				-8,	430.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		69,665	466,31	8.					
f	Administrative expenses									
g	End of year balance	1,478,217.	1,478,217	1,478,21	7.	1,4	78,217.	1	,469,	787.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%							
b	Permanent endowment100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organization	tion that are held a	nd administered fo	r the			r		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		vment funds.							
Fai			Devit IV / line 11e /		V lin	- 10				
	Complete if the organization answere						.			
	Description of property	(a) Cost or of basis (investm		t or other (o		umulate eciation	ed	(d) Boo	k valu	е
1a	Land									
	Buildings									
	Leasehold improvements			17,210.		L2,5!				52.
	Equipment		20)2,482.	11	L1,09	96.	9	1,3	86.
е	Other									
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	K. column (B), line ⁻	10c.)				9	6,0	38.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			,
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			· ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSIT			30,000
(2) INTEREST IN TRUSTS			6,338,287
(3) RIGHT OF USE ASSET			1,204,337
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			7,572,624
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) AFFILIATE DEPOSIT			128,250
(3)			
(4)			
(5)			
(5)			
(5)			
(6)			
(6) (7)			

NATIONAL SOCIETY TO PREVENT BLINDNESS

36-3667121 Page 3

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 980, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 980, Part VIII, line 12: 1 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 3 and 4c. (This must equal Form 990, Part IV. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 <t< th=""><th>Sche</th><th>dule D (Form 990) 2022 NATIONAL SOCIETY TO PREVENT</th><th>BLINDNESS</th><th>36-3667121 Page 4</th></t<>	Sche	dule D (Form 990) 2022 NATIONAL SOCIETY TO PREVENT	BLINDNESS	36-3667121 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a b Other (Describe in Part XIII.) 4a c Add lines 4a and 4b 4c 5 Total expenses not included on Form 990, Part I. line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2b 2 Donated services and use of facilities 2a	Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	
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5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5			4b	
	с	Add lines 4a and 4b		
Part XIII Supplemental Information.				5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INCOME TO BE USED TO SUPPORT ORGANIZATION'S PROGRAMS.

PART X, LINE 2:

PREVENT BLINDNESS' APPLICATION OF U.S. GAAP REGARDING UNCERTAIN TAX

POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION, AS MANAGEMENT BELIEVES

THEY HAVE NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY

POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX STATUS. PREVENT BLINDNESS

WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE

FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX

EXPENSE. PREVENT BLINDNESS IS SUBJECT TO ROUTINE AUDITS BY TAXING

JURISDICTIONS; HOWEVER, THERE ARE NO AUDITS FOR ANY TAX PERIODS IN

232054 09-01-22

Schedule D (Form 990) 2022

38

2022.05000 NATIONAL SOCIETY TO PREVE 8272___1

Schedule D (Form	990) 2022 plemental Info	NATIONAL rmation (continue	SOCIETY	TO PREVI	ENT BLINDNES	<u>s 36-3667121</u>	Page 5
					EXAMINATION	BY U.S. TAX	
AUTHORITI	ES FROM FI	SCAL 2019	FORWARD.				

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, o	or if the	2022
Department of the Treasury Internal Revenue Service	. .	Attach to Form 990				_		Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information		Employer	identification number
5		L SOCIETY TO PREVE	NT 1	BLIN	IDNESS		36-360	
	complete this part	Complete if the organization answit.	ered "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990	-EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?			Yes No bbe
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	tò (o f	Amount pai r retained b undraiser ed in col. (i	y) to (or retained by)
			Yes	No				
Total		L						
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

36-3667121 Page 2

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

		5	oss income on Form 990			
I			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PERSON OF	SWING FORE	1	(add col. (a) through
			VISION	SIGHT - LAS	<u> </u>	col. (c))
en			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	297,552.	61,754.	36,408.	395,714
	2	Less: Contributions	147,648.	39,510.	13,550.	200,708
_	3	Gross income (line 1 minus line 2)	149,904.	22,244.	22,858.	195,006
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā						
	8	Entertainment		23,897.	18,963.	179,619
		Other direct expenses		•		179,619
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	.,			15,387
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
_	1	Gross revenue				
ses						
	2	Cash prizes				
Expen		Cash prizes				
Direct Expen	3					
Direct Expenses	3 4	Noncash prizes				
Direct Expen	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	%	%	Yes %	
Direct Expen	3 4 5	Noncash prizes	% % No	└────────────────────────────────────	└────────────────────────────────────	
Direct Expen	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	No		No	
Direct Expen	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	□ No	No	
	3 4 5 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d)	No	No	
9	3 4 5 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No from line 1, column (d)	No	No	
9 a	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	
9 a b	3 4 5 6 7 8 Ent 1 ls t	Noncash prizes	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	States?	□ No	Yes N
9 a b	3 4 5 6 7 8 Ent 1 s t 9 lf "l	Noncash prizes	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	No	Yes N
e a b	3 4 5 6 7 8 Ent 1 s t 9 lf "l	Noncash prizes	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	No	Yes N

Schedule G (Form 990) 2022	NATIONAL	SOCIETY 7	O PREVENT	BLINDNESS	36-3667121 Page 3
11 Does the organization co	onduct gaming activities with	nonmembers?			Yes No
12 Is the organization a gra	ntor, beneficiary or trustee of	a trust, or a mem	ber of a partnershi	p or other entity formed	
to administer charitable	gaming?				
13 Indicate the percentage					
a The organization's facilit	у				
14 Enter the name and add					
Name					
Address					
15a Does the organization ha	ave a contract with a third pa	ty from whom the	e organization rece	ives gaming revenue?	YesNo
b If "Yes," enter the amound	nt of gaming revenue receive	d by the organiza	tion \$	and the a	amount
of gaming revenue retair	ned by the third party \$ _		_		
c If "Yes," enter name and	I address of the third party:				
Name					
Address					
16 Gaming manager inform	ation:				
Name					
Gaming manager compe	ensation \$				
Description of services p	provided				
Director/officer	Employee		lanandant aantraa	tor	
			lependent contrac	lor	
17 Mandatory distributions:					
•	red under state law to make o	baritable distribu	tions from the gam	ping proceeds to	
retain the state gaming I	0		0	0.	Yes No
	ributions required under state			not organizations or sper	
	npt activities during the tax ye			ipt organizations of spor	
			equired by Part I. li	ine 2b. columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	id 17b, as applicable. Also pr				
· · · · ·	· · · ·				
232083 10-27-22			42		Schedule G (Form 990) 2022
			+ /		

Schedule G	a (Form 990)	NATIONAL	SOCIETY	то	PREVENT	BLINDNESS	36-3667121	Page 4
Part IV	Supplemental Info	rmation (continue	d)					
							Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No	. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		20)22
Department of the Treasury	Comp		Attach to Form				Open	to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Ins	pection
Name of the organization							Employer identifica	
	NAL SOCIETY TO	O PREVENT BI	LINDNESS				36-3	667121
Part I General Information on G								
1 Does the organization maintain re								<u> </u>
criteria used to award the grants							X Yes	No No
2 Describe in Part IV the organization Part II Grants and Other Assistant recipient that received more	nce to Domestic Organiz	ations and Domestic	Governments.	complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and address of organize or government	ation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assista	
PREVENT BLINDNESS GEORGIA 270 CARPENTER DR SANDY SPRINGS, GA 30328	58-6050305	50103	21,000.	0.			VISION PROGRAMS	
		50105						
PREVENT BLINDNESS NORTH CAROLI 4011 WESTCHASE BLVD	INA							
RALEIGH, NC 27607	56-6088141	501C3	26,000.	0.			VISION PROGRAMS	
PREVENT BLINDNESS OHIO 1500 W 3RD AVE								
COLUMBUS, OH 43212	31-6063433	501C3	26,000.	0.			VISION PROGRAMS	
PREVENT BLINDNESS TEXAS 2180 NORTH LOOP WEST								
HOUSTON, TX 77018	74-6075105	501C3	26,000.	0.			VISION PROGRAMS	
PREVENT BLINDNESS WISCONSIN 731 JACKSON ST MILWAUKEE, WI 53202	39-6096227	501C3	22,000.	0.			VISION PROGRAMS	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule | (Form 990) 2022 NATIONAL SOCIETY TO PREVENT BLINDNESS

36-3667121

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PREVENT BLINDNESS HAS A PROCESS IN PLACE FOR MONITORING THE USE OF GRANTS

WE PROVIDE. WE REQUIRE MONTHLY, MID-YEAR AND FINAL FINANCIAL AND PROGRAM

REPORTS. WE RESERVE THE RIGHT TO HOLD PAYMENTS, PENDING RECEIPT AND

APPROVAL OF THE APPROPRIATE REPORTS. FURTHER, WE REGULARLY MEET WITH OUR

GRANTEES TO ENSURE THEY ARE MAKING PROGRESS IN THEIR ACTIVITIES.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n)
		Compensated Employees		20	22	-
Depa	tment of the Treasury			Open to	Publ	ic
		Go to www.irs.gov/Form990 for instructions and the latest information.	-	Inspe	ction	
Nam	e of the organization					nber
			36-3	366712	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
-						
b						
~	•			<u>1b</u>		
2	•			0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line Ta?		2		
3	Indicate which if a	by of the following the organization used to establish the componention of the organization's				
U						
			01110			
	·					
	For certain Officers, Directors, Trustees, Key Employees, and Highest Composite Employees and the latest information. Int I Questions Regarding Compensation Employee Identified 36–36673 Check the appropriate box(les) if the organization provided any of the following to or for a person listed on Form 990, Part IVI, Section A, line 1a, Companions instemation and gross-up payments in Health or social club dues or initiation tess Image: Composite Employees Employ					
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
а	Receive a severand	e payment or change-of-control payment?		4a		Х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	-					
а	The organization?			<u>5</u> a		X
b	Any related organiz	ation?		5b		X
6			n			
	-	-				v
						X X
b				6b		
-						
1				-		x
0				7		
8				0		x
0				8		Δ
9				9		
<u> </u>					000	2022
LLIN	For Faperwork R		Schee	aule J (Forn	1 990)	2022

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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-MIS compensation	C and/or 1099-NEC	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) JEFFREY TODD	(i)	261,299.	0.	0.	18,288.	14,708.	294,295.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN HARTMAN	(i)	155,999.	0.	0.	11,000.	16,486.	183,485.	0.
V.P. & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIRA N. BALDONADO	(i)	132,804.	0.	0.	9,494.	14,810.	157,108.	0.
VP PUBLIC HEALTH & POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

NATIONAL SOCIETY TO PREVENT BLINDNESS Schedule J (Form 990) 2022

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 J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.



NATIONAL SOCIETY TO PREVENT BLINDNESS

Employer identification number 36-3667121

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE FOCUS ON IMPROVING THE NATION'S VISION AND EYE HEALTH BY EDUCATING

THE AMERICAN PUBLIC ON THE IMPORTANCE OF TAKING CARE OF THEIR EYES AND

VISION, BY PROMOTING ADVANCES IN PUBLIC HEALTH SYSTEMS OF CARE THAT

SUPPORT EYE HEALTH NEEDS, AND BY ADVOCATING FOR PUBLIC POLICY THAT

EMPHASIZES EARLY DETECTION AND ACCESS TO APPROPRIATE EYE CARE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH SYSTEMS OF CARE THAT SUPPORT EYE HEALTH NEEDS, AND BY ADVOCATING

FOR PUBLIC POLICY THAT EMPHASIZES EARLY DETECTION AND ACCESS TO

APPROPRIATE EYE CARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MILLION CHILDREN AND ADULTS NATIONWIDE FOR EARLY DETECTION OF VISION

DISORDERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH - TO SUPPORT IMPORTANT ADVANCEMENTS IN THE UNDERSTANDING OF

VISION AND EYE HEALTH, PREVENT BLINDNESS MOBILIZES GRASSROOTS SUPPORT

FOR PROTECTING AND INCREASING FUNDING FOR VISION AND EYE HEALTH

RESEARCH THROUGH THE NATIONAL EYE INSTITUTE AND THE CENTERS FOR DISEASE

CONTROL AND PREVENTION. PREVENT BLINDNESS MADE MORE THAN 5,000 CONTACTS

TO KEY POLICYMAKERS LAST YEAR TO SUPPORT VISION AND EYE HEALTH. THE

PREVENT BLINDNESS JOANNE ANGLE INVESTIGATOR AWARD PROVIDES FUNDING FOR

RESEARCH INVESTIGATING PUBLIC HEALTH RELATED TO EYE HEALTH AND SAFETY.

THIS RESEARCH GRANT PROMOTES THE CORE MISSION OF PREVENT BLINDNESS

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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Schedule O (Form 990) 20	Page 2	
Name of the organization	NATIONAL SOCIETY TO PREVENT BLINDNESS	Employer identification number 36-3667121
PREVENTING BL	INDNESS AND PRESERVING SIGHT.	

EXPENSES \$ 238,861. INCLUDING GRANTS OF \$ 5,846. REVENUE \$ 559,372.

FORM 990, PART I, LINE 5 AND PART V, LINE 2A

TOTAL NUMBER OF EMPLOYEES

THE ORGANIZATION ACTS AS A COMMON PAYMASTER FOR THE NATIONAL SOCIETY TO PREVENT BLINDNESS AFFILIATES AND ISSUED A TOTAL OF 132 W-2'S FOR ALL AFFILIATED ORGANIZATIONS. OF THE TOTAL 132 W-2'S, 26 WERE ISSUED FOR EMPLOYEES OF THE NATIONAL SOCIETY TO PREVENT BLINDNESS.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. MANAGEMENT AND A MEMBER OF THE FINANCE COMMITTEE PERFORM A DETAILED REVIEW OF THE COMPLETED FORM 990. IN ADDITION, A FULL COPY IS PROVIDED TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

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

MONITORING AND ENFORCING THE CONFLICT OF INTEREST POLICY INCLUDES ANNUAL

REVIEW AND DISCLOSURE BY ALL KEY VOLUNTEERS AND STAFF. THE BOARD OF

DIRECTORS THEN REVIEWS FOR ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO'S ANNUAL PERFORMANCE EVALUATION IS COMPLETED BY THE BOARD

CHAIR. ANY ADJUSTMENTS ARE APPROVED IN WRITING BY THE BOARD CHAIR AND THE

OTHER BOARD MEMBERS. THIS DOCUMENTATION IS MAINTAINED IN THE HUMAN
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50
50

THE ORGANIZATION HAS A PROCESS IN PLACE TO FORMALLY REVIEW AND DOCUMENT THE CEO'S COMPENSATION. THIS PROCESS INCLUDES COMPARABLE COMPENSATION DATA OF

SIMILAR ORGANIZATIONS. THIS DATA IS REVIEWED AND DISCUSSED BY THE FINANCE

COMMITTEE. THIS COMMITTEE WOULD APPROVE THE APPROPRIATENESS OF THE

COMPENSATION AND PRESENT TO THE BOARD OF DIRECTORS AT THE NEXT

SCHEDULED MEETING. THIS PROCESS IS TO BE COMPLETED ANNUALLY.

FOR SENIOR MANAGEMENT TEAM MEMBERS, A SALARY COMPARISON STUDY IS UTILIZED

AT THE TIME OF HIRE TO ESTABLISH REASONABLE COMPENSATION. SALARY

COMPARISONS ARE ALSO PERFORMED FOR THE ENTIRE STAFF ON A PERIODIC BASIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AZ, AR, CA, DC, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND

OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:

OUR ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON OUR WEBSITE. THESE, ALONG

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WITH OTHER DOCUMENTS, SUCH AS GOVERNING DOCUMENTS AND POLICIES, ARE

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

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80,130.

54,294.

37,335.

171,759.

Schedule O (Form 990) 2022 Jame of the organization	Employer identification number
NATIONAL SOCIETY TO PREVENT BLINDNESS	36-3667121
/ISION PROGRAM PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	281,852.
IANAGEMENT AND GENERAL EXPENSES	0.
UNDRAISING EXPENSES	0.
FOTAL EXPENSES	281,852.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	453,611.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN MARKET VALUE OF BENEFICIAL INTEREST IN TRUSTS	-865,835.
FORM 990, PART XII, LINE 2C THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM T YEAR.	HE PRIOR
THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM 7	HE PRIOR
THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM 7	HE PRIOR
THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM 7	'HE PRIOR
THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM 7	PHE PRIOR
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THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM 7	HE PRIOR
THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM 7	PHE PRIOR
THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM 7	PHE PRIOR

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232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

NATIONAL SOCIETY TO PREVENT BLINDNESS

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
NSPB OHIO AFFILIATE - 31-6063433							
1500 W THIRD ST							
COLUMBUS, OH 43212	PB PROGRAMS	оніо	501(C)(3)	LINE 7			х
NSPB WISCONSIN AFFILIATE - 39-6096227							
731 JACKSON ST							
MILWAUKEE, WI 53202	PB PROGRAMS	WISCONSIN	501(C)(3)	LINE 7			х
NSPB IOWA AFFILIATE - 42-6083207							
1111 NINTH ST							
DES MOINES, IA 50314	PB PROGRAMS	IOWA	501(C)(3)	LINE 7			х
NSPB NORTH CAROLINA AFFILIATE - 56-6088141							
4011 WESTCHASE BLVD							
RALEIGH, NC 27607	PB PROGRAMS	NORTH CAROLINA	501(C)(3)	LINE 7			х

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



Employer identification number

36-3667121

Department of the Treasury Internal Revenue Service

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	organi	rolled zation?
				501(c)(3))		Yes	No
NSPB GEORGIA AFFILIATE - 58-6050305							
270 CARPENTER DR			501 (2) (2)				37
SANDY SPRINGS, GA 30328	PB PROGRAMS	GEORGIA	501(C)(3)	LINE 7			X
NSPB TEXAS AFFILIATE - 74-6075105							
2180 NORTH LOOP WEST							
HOUSTON, TX 77018	PB PROGRAMS	TEXAS	501(C)(3)	LINE 7			X

Schedule R (Form 990) 2022 NATIONAL SOCIETY TO PREVENT BLINDNESS

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

		-	(-1)	(-)	(0)	()			(1)	Γ,		(1.)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	eral or	Percentage	
of related organization		(state or	entity	(related, unrelated,	related, unrelated, income end-of-year allocations? amount		allocations?		amount in box	JOX partner		or Percentage ownership	
		foreign		(related, unrelated, excluded from tax under sections 512-514)		assets Yes No			Yes				
		country)		30010113 0 12 0 14)			res			res			
	1												
]												
	-												
	4												
	1												
	1												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) (f) Type of entity (C corp, S corp, or trust)		(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
									\square

Schedule R (Form 990) 2022 NATIONAL SOCIETY TO PREVENT BLINDNESS

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
с	Gift, grant, or capital contribution from related organization(s)	1c		Х		
d	Loans or loan guarantees to or for related organization(s)	1d		Х		
е	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
	Sale of assets to related organization(s)	1g		Х		
h	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
- I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X		
0	Sharing of paid employees with related organization(s)	10		X		
р	Reimbursement paid to related organization(s) for expenses	1p		X		
	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		X		
S	Other transfer of cash or property from related organization(s)	1s		Х		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2022 NATIONAL SOCIETY TO PREVENT BLINDNESS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are a partners 501(c) orgs. Yes 1	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	n) opor- nate tions? No	(j) General o managin partner? Yes No	(k) Percentage ownership

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Schedule R	(Form 990) 2022
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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