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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

3 Open to Public Inspection

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024						
B c	heck if pplicab	e: C Name of organization		D Employer identifie	cation number	
	Addre	NATIONAL SOCIETY TO PREVENT BLINDNESS				
	Name			36-36671	21	
	Initial		Room/suite	E Telephone number		
		225 WACKER DRIVE	400	312-363-		
	termi			G Gross receipts \$	6,683,649.	
	Amer returr	ded CHICACO II 60606		H(a) Is this a group re		
	Appli tion	F Name and address of principal officer: JEFF TODD		for subordinates		
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in		
11	ax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions	
_	Vebsi			H(c) Group exemption	n number 9425	
		f organization: 🚺 Corporation 🔄 Trust 🦳 Association 📄 Other	L Year of	of formation: 1909 N	State of legal domicile: IL	
Pa	art I	Summary				
a	1	Briefly describe the organization's mission or most significant activities:	REVENT	BLINDNESS A	AND	
ů,		PRESERVE SIGHT ACROSS ALL AGE SPECTRUMS A	ND MUL	TIPLE EYE C	ONDITIONS.	
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass		
ove	3				24	
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)		24		
es S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			126	
viti	6	Total number of volunteers (estimate if necessary)			250	
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		3,822,127.	3,825,939.	
nue	9	Program service revenue (Part VIII, line 2g)		911,847.	914,612.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		314,450.	339,986.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,650.	81,266.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,068,074.	5,161,803.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		129,500.	123,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,681,343.	2,945,702.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 445,27		1 200 585	1 800 565	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,388,575.	1,788,565.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,199,418.	4,857,267.	
	19	Revenue less expenses. Subtract line 18 from line 12		868,656.	304,536.	
S OL				ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		18,176,110.	20,329,707.	
St A:	21	Total liabilities (Part X, line 26)		1,841,882.	1,697,097.	
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		16,334,228.	18,632,610.	
	art II	Signature Block		and an alter the test of the	La code de constituir d'Artic	
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
-	KAREN HARTMAN, VP & CFO							
	Type or print name and title							
	Print/Type preparer's name Preparer's sign	nature	Date	Check	PTIN			
Paid	TIMOTHY G. GRIFFITH TIMOTHY	G. GRIFFIT	H 11/25,	/24 self-employed P	00299751			
Preparer	Firm's name SASSETTI LLC			Firm's EIN 36-2	239746			
Use Only	Firm's address 2107 SWIFT DRIVE, SUITE 2	210						
	OAK BROOK, IL 60523			Phone no. (708)	386-1433			
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ча	n 990 (2023) NATIONAL SOCIETY TO PREVENT BLINDNESS 36-3667121 Page 2 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	010 (00 40 140 042 420
	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 \$930,398. including grants of \$19,740.) (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	
	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
	GUIDANCE, AN ANNUAL NATIONAL EYE HEALTH SUMMIT, WEBINARS, ALLIED HEALTH EDUCATION, SURVEILLANCE EFFORTS, ONLINE TRAINING AND CERTIFICATION
	EDUCATION, SURVEILLANCE EFFORTS, ONLINE TRAINING AND CERTIFICATION
	EDUCATION, SURVEILLANCE EFFORTS, ONLINE TRAINING AND CERTIFICATION PROGRAMS, RESEARCH GRANTS, AND PROFESSIONAL RECOGNITION AWARDS. THESE
	EDUCATION, SURVEILLANCE EFFORTS, ONLINE TRAINING AND CERTIFICATION PROGRAMS, RESEARCH GRANTS, AND PROFESSIONAL RECOGNITION AWARDS. THESE ACTIVITIES ARE TARGETED TOWARDS EYE CARE PROFESSIONALS, HEALTHCARE
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Form 990 (2023)			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	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	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	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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		х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	<u>^</u>	
19		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	
332003	1 12-21-23			(2023)

Form 990 (2	2023)					BLINDNESS				
Part IV Checklist of Required Schedules (continued)										
-										

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		х	
04-	Schedule J	23		
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	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>~</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			v
00	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
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 requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part 1</i>	- 51		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. a				X
	Check in Schedule O contains a response of note to any line in this Part V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16		162	110
h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a1oEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
2	(gambling) winnings to prize winners?	1c	Х	
332004	1 12-21-23	Form	990	(2023)

	990 (2023) NATIONAL SOCIETY TO PREVENT BLINDNESS 36-36672	L21	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 126			
	, , , , ,	a 1	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 2h		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_ <u></u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		
-	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		X
	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		X
	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		<u> </u>

that would result in the imposition of a
If "Yes," complete Form 6069.

Form **990** (2023)

Form 990	(2023)
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NATIONAL SOCIETY TO PREVENT BLINDNESS

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

Check if Schedule O contains a response or note to any line in this Part VI		X				
Section A. Governing Body and Management						

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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					37
_	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					x
•	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-	0-	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	
b 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				- 23	
9	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			5		
	the memory of	evenue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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 bod	ly befo	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15						
	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15a	X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	x	X
b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		· · · · · · · · · · · · · · · · · · ·		Х	x
b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ment w	ith a	15b	X	
b 16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?	ment w	ith a		X	X X
b 16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ment w	ith a articipation	15b	X	
b 16a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ment w te its p nizatior	ith a articipation 's	15b 16a	X	
b 16a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ment w te its p nizatior	ith a articipation 's	15b	X	

17	List the states with which a copy of this Point 990 is required to be filed, AD, AR, CA, DC, TD, RD, RT, DA, HD, HD, HD, HA,
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	KAREN HARTMAN - 312-363-6013
	225 WACKER DRIVE, 400, CHICAGO, IL 60606
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2023)

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- ay	C	

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 VI

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.

	T	T	mza			ipen	Jour			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition more		one	Reportable	Reportable	Estimated
	hours per box, unless person is both an conr officer and a director/trustee)		compensation	compensation	amount of					
	week			uau	recto	i/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1039-1120)	and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	5	1000 1120)		organizations
	line)	ndivi	nstitu	Officer	key el	Highe	Former			5
(1) JEFFREY TODD	40.00				_					
PRESIDENT & CEO				х				299,875.	0.	36,073.
(2) KAREN HARTMAN	40.00									· · ·
V.P. & CFO				х				165,381.	0.	28,162.
(3) KIRA N. BALDONADO	40.00							-		
VP PUBLIC HEALTH & POLICY					х			150,892.	Ο.	25,472.
(4) CHARLES K WEST	40.00									
SR. DIRECTOR, MARKETING CO						X		127,743.	Ο.	26,252.
(5) SARAH RUTH HECKER	40.00									
SR. DIRECTOR, MARKETING						X		121,661.	Ο.	25,997.
(6) KATHRYN DESULIS	40.00									
DIRECTOR, DEVELOPMENT						Х		120,973.	0.	21,892.
(7) SARA D BROWN	40.00									
DIRECTOR, GOVT AFFAIRS						X		117,639.	0.	24,843.
(8) ELYSE FINEMAN	40.00									
ISPB/IL OPERATIONS DIRECTOR						X		108,620.	Ο.	24,513.
(9) JIM MCGRANN	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(10) JAMES ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MITCHELL BRINKS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JIM BROCATO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) R.V. PAUL CHAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LINDA CHOUS	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(15) PATRICIA L DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) PAUL DELATORE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) ALAN GUNNER	1.00									
BOARD MEMBER		х			L			0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

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	SOCIETY	Υ Υ	0	PR	EV	/EN	т	BLINDNESS	36-366'	7121	Page 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do		Pos		ו than d	one	Reportable	Reportable	Est	imated
	hours per	box	, unle	ss pei	rson i	is botł	n an	compensation	compensation	am	ount of
	week		Cer ar		recic	or/trus T	lee)	from	from related		other
	(list any	recto						the	organizations		pensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		om the
	organizations	ustee	trust		96	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	J v	anization I related
	below	lual tr	tional		vold	st con	_	1033-1120)			nizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	inzationio
(18) JACQUELINE HERD	1.00	_	-		L <u>×</u>	1	-			+	
SECRETARY		х		x				0.	0		0.
(19) PAUL G HOWES	1.00									1	
BOARD MEMBER		x						0.	0 .		0.
(20) PAUL HUFF	1.00									-	
BOARD MEMBER		х						0.	0 .		0.
(21) JEFF MCCLELLAN	1.00								0.0	<u>'</u>	
BOARD MEMBER	1.00	х						0.	0 .		0.
(22) MARCUS J MOLEA	1.00	^						0.	0.0	1	
BOARD MEMBER	1.00	x						0.	0.		0.
(23) ADEOLA ODUWOLE	1.00	Δ						0.	0.	<u>'</u>	0.
	1.00	v						0	0		0
BOARD MEMBER	1 0 0	Х				-		0.	0.		0.
(24) SUSAN PRIMO	1.00							0	0		0
BOARD MEMBER	1 0 0	Х				_		0.	0 .	<u>,</u>	0.
(25) RAJEEV RAMCHANDRAN	1.00								0		0
BOARD MEMBER	1 00	Х						0.	0 .	<u>,</u>	0.
(26) MICHELLE SKINNER	1.00								•		•
BOARD MEMBER		Х						0.	0.		0.
1b Subtotal								1,212,784.	0.		3,204.
c Total from continuation sheets to Part V								0.	0.		0.
d Total (add lines 1b and 1c)								1,212,784.	0 .	213	3,204.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											9
											Yes No
3 Did the organization list any former office	, director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	oyee on		
line 1a? If "Yes," complete Schedule J for	such individual									3	<u> </u>
4 For any individual listed on line 1a, is the s											
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	X
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or sı	ich i	bers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from	m
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and busines	s address	N	ONE	3				Description of s	ervices	Compen	sation
2 Total number of independent contractors (•	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organ					(-					
SEE PART VII, SECTIO	N A CONT	'IN	UA	ΤI	ON	S	HE	ETS		Form 9	990 (2023)

								BLINDNESS	36-366	7121
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee			ligh	est (ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	l I		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted el		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee				and related
	organizations	l trus	nal tr		Key employee	dwo				organizations
	below	vidua	tutio	er	emp	lest c	ner			
	line)	Indi	Inst	Officer	Key	Higt	Former			
(27) SUSAN STONE	1.00							_		_
BOARD MEMBER		Х						0.	0.	0.
(28) PETE LOTHES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) MATT MACDONALD	1.00									
BOARD MEMBER		х						0.	0.	0.
(30) WANDA MONTALVO	1.00								.	
BOARD MEMBER	1.00	x						0.	0.	0.
(31) MARY BLANKENSHIP POINTER	1.00	Λ					<u> </u>	0.	0.	0.
	1.00			37				0	0	0
TREASURER	1 00	Х		X				0.	0.	0.
(32) RUTH SHOGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
							<u> </u>			
			-		-	-				
		-								
	•									
Total to Part VII, Section A, line 1c										
Total to Fart VII, Occupit A, III C	<u></u>							1		

332201 04-01-23

					L SOCI	ETY TO P	REVENT BLIN	NDNESS	36-3667	121 Page 9
Pa	rt \	/	Statement of Re	venue						
			Check if Schedule O	contains	a response	or note to any lir			(2)	
								(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
ts	1	а	Federated campaigns		1a	213.				
un:		b	• • • • •]			
<u>n</u>			Fundraising events			235,940.				
r A			–				1			
, G			Government grants (contr			87,200.				
Sins			All other contributions, gifts,		′	,	-			
utic						3,502,586.				
<u>d</u> t D			similar amounts not included		. 1f	5,502,500.	-			
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in	lines 1a-1f	1g \$		2 925 929			
<u>a</u> C		n	Total. Add lines 1a-1f			During Orde	3,825,939.			
						Business Code	610 700	(10, 700		
ce	2	а	AFFILIATE SUPPORT			900099	612,708.	612,708.		
ervi		b	ISPB PROGRAM FEES			900099	243,438.	243,438.		
S n		С	CERTIFICATION TRAIN	ING		611430	58,466.	58,466.		
Program Service Revenue		d								
ogi B		е								
Ъ		f	All other program service	revenue						
		g	Total. Add lines 2a-2f				914,612.			
	3		Investment income (includ	ding divid	dends, inter	est, and				
			other similar amounts)				364,236.			364,236.
	4		Income from investment of	of tax-exe	empt bond p	proceeds				
	5		Royalties							
			,		(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
	Ū	b	Less: rental expenses	6b						
		c	Rental income or (loss)	6c			1			
			Net rental income or (loss)							
	-		Gross amount from sales of		Securities	(ii) Other				
	'	a			.,249,007	.,	-			
			assets other than inventory	7a 1	.,219,007	•	-			
		D	Less: cost or other basis	_ 1	272 257					
nue			and sales expenses		.,273,257		-			
evenue			Gain or (loss)	7c	-24,250		04.050			04.050
Ě			Net gain or (loss)				-24,250.			-24,250.
Other	8	а	Gross income from fundraisi	-						
ō			including \$							
			contributions reported on	,						
			Part IV, line 18				-			
		b	Less: direct expenses		8t	248,589.				
		с	Net income or (loss) from	fundrais	ing events		34,614.			34,614.
	9	а	Gross income from gamin	ng activit	ies. See					
			Part IV, line 19			ı				
		b	Less: direct expenses							
			Net income or (loss) from							
	10		Gross sales of inventory, I	• •						
			and allowances			a				
		b	Less: cost of goods sold							
			Net income or (loss) from							
				50105 01		Business Code				
sn	44	~	OTHER INCOME			900099	46,652.	46,652.		
neo Ueo	11							=0,052.		
Miscellaneous Revenue		b					+			
Se		c								
Mis			All other revenue				40.000			
			Total. Add lines 11a-11d				46,652.		-	274 665
	12		Total revenue. See instruction	ons	<u></u>		5,161,803.	961,264.	0.	374,600.
33200	9 12	-21-	23							Form 990 (2023

NATIONAL SOCIETY TO PREVENT BLINDNESS Form 990 (2023) 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). Х Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 123,000. 123,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 705,854. 566,655. 104,399. 34,800. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,725,937. 1,385,356. 255,435. 85,146. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 337,593. 271,308. 49,713. 16,572. Other employee benefits 9 176,318. 141,055. 26,448. 8,815. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,245. 623. 610. 12. b Legal 36,334. 74,151. 37,075. 742. С Accounting 72,500. 72,500. Lobbying d Professional fundraising services. See Part IV, line 17 е 35,810. 35,810. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 585,726. 177,058. 792,386. 29,602. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 221,124. 113,246. 42,910. 64,968. Office expenses _____ 13 Information technology 14 15 Royalties 109,784. 219,568. 107,588. 2,196. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 272,706. 180,908. 38,153. 53,645. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 35,073. 17,536. 17,186. 351. Depreciation, depletion, and amortization 22 31,002. 15,501. 15,191. 310. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 33,000. 32,340. 660. AWARDS & GRANTS а b С

d All other expenses е 4,857,267. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 332010 12-21-23

791,719.

445,275.

Form 990 (2023)

3,620,273.

11

Form 990 (2023)

Part X Balance Sheet

NATIONAL SOCIETY TO PREVENT BLINDNESS

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		Check if Schedule O contains a response or not	e to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,325,778.	1	1,176,859.
ſ	2	Savings and temporary cash investments				2	
ſ	3	Pledges and grants receivable, net			296,985.	3	235,912.
ſ	4	Accounts receivable, net			523,891.	4	506,742.
ſ	5	Loans and other receivables from any current or					
ſ		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
ſ		controlled entity or family member of any of the	se perso	ns		5	
ſ	6	Loans and other receivables from other disquali	fied per	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	— ··· · · · · · ·			133,134.	9	97,079.
ſ	10a	Land, buildings, and equipment: cost or other					
ſ		basis. Complete Part VI of Schedule D	10a	229,366.			
ſ	b	Less: accumulated depreciation	10b	158,727.	96,038.	10c	70,639.
ſ	11	Investments - publicly traded securities			8,227,660.	11	10,003,501.
ſ	12	Investments - other securities. See Part IV, line -				12	
ſ	13	Investments - program-related. See Part IV, line	11			13	
ſ	14	Intangible assets				14	
ſ	15	Other assets. See Part IV, line 11			7,572,624.	15	8,238,975.
	16	Total assets. Add lines 1 through 15 (must equ			18,176,110.	16	20,329,707.
	17	Accounts payable and accrued expenses			179,785.	17	215,290.
ſ	18	Grants payable				18	
ſ	19	Deferred revenue			80,591.	19	95,000.
ſ	20					20	
ſ	21	Escrow or custodial account liability. Complete	Part IV	f Schedule D		21	
s	22	Loans and other payables to any current or form	ner offic	er, director,			
itie		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties	1,453,256.	23	1,251,507.
ſ	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
ſ	25	Other liabilities (including federal income tax, pa	yables ⁻	o related third			
ſ		parties, and other liabilities not included on lines	s 17-24)	Complete Part X			
ſ		of Schedule D			128,250.	25	135,300.
	26	Total liabilities. Add lines 17 through 25			1,841,882.	26	1,697,097.
		Organizations that follow FASB ASC 958, che	ck her	X			
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			5,981,572.	27	7,177,622.
Ba	28	Net assets with donor restrictions	10,352,656.	28	11,454,988.		
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
ц		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
. .	30	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		30	
ŝ		Detained comings, and sument, accumulated in	come (r other funds		31	1
t Asse	31	Retained earnings, endowment, accumulated in					
Net Assets or Fund Balances	31 32	Total net assets or fund balances			16,334,228. 18,176,110.	32 33	18,632,610. 20,329,707.

12

Form	1 990 (2023) NATIONAL SOCIETY TO PREVENT BLINDNESS	36-3	3667121	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,161		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,857		
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,334		
5	Net unrealized gains (losses) on investments	5	1,171	L,8	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	822	2,0	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,632	2,6:	<u>11.</u>
Pa	rt XII Financial Statements and Reporting				
	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	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				
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	Х	<u> </u>
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Public Charity Status and Public Support

(Form 990)))	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2023		
Department of th	he Treasury	Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue	e Service	Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection		
Name of the organization Employed					Employer	identification number			
				TY TO PREVEN					6-3667121
Part I	Reason f	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organiza	ation is not a	private found	ation because it is: (For lines 1 through 12, cl	heck only o	one box.)			
1 🗌 A	A church, con	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2 🗌 A	A school desc	ribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)				
3 🗌 A	A hospital or a	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 🗌 A	A medical rese	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
C	city, and state	:							
5 🗌 A	An organizatio	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
	section 170(b	o)(1)(A)(iv). (C	Complete Part II.)						
	A federal, stat	e, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X A	An organizatio	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
s	section 170(b) (1)(A)(vi). (C	omplete Part II.)						
8 🛄 A	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
	-	-		in section 170(b)(1)(A)(-		-	-
		r a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	university:								
				than 33 1/3% of its supp					
				t to certain exceptions; a					-
				(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	.iter Julie 30, 1975.
			mplete Part III.)	ively to test for public sat	aty Soo	coction 5(10(a)(4)		
	•	-	-	ively for the benefit of, to	•			rry out the	nurnoses of one or
	•	-	-	ed in section 509(a)(1) o				•	
			-	f supporting organization					
a 🗌		•	• •	supervised, or controlled	-			-	aivina
			-	gularly appoint or elect a	• • • •	-			
		-	complete Part IV, Se						
b 🗌	Type II. A su	upporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
	control or m	anagement o	f the supporting org	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported
	organization	(s). You mus	t complete Part IV,	Sections A and C.					
c 🗌	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
	its supporte	d organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III non	-functionally	integrated. A supp	porting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	ration(s)
			•	zation generally must sat	•		•	an attentiv	/eness
	•			nplete Part IV, Sections					
e 🔛		•		written determination from			Туре I, Туре	II, Type III	
	-			nally integrated supporting					Г
	the number o		0	d organization(o)					
	Name of suppo	-	about the supporte	(iii) Type of organization		anization listed	(v) Amount of	f monetary	(vi) Amount of other
	organization			(described on lines 1-10	in your governi		support (see ir	-	support (see instructions)
	above (see instructions)) Yes No Support (see instructions) opport (see instructions)								

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

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OMB No. 1545-0047

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Schedule A (Form 990) 2023 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)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2968185.	3762153.	3709027.	3822129.	3860547.	18122041.
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						
4	Total. Add lines 1 through 3	2968185.	3762153.	3709027.	3822129.	3860547.	18122041.
	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)						4302903.
6	Public support. Subtract line 5 from line 4.						13819138.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2968185.	3762153.	3709027.	3822129.	3860547.	18122041.
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	195.677.	139,211.	313.535.	314,450.	364,236.	1327109.
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on					34,614.	34,614.
10	Other income. Do not include gain					01/0110	01/0110
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,487.	1,593.	5,835.	4,263.	46 657.	60,835.
11	Total support. Add lines 7 through 10	271071	1,3531	370331	1/2001		19544599.
12		etc. (see instructio	ne)				,634,535.
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax y			,,
10	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	70.71 %
	Public support percentage from 2022					15	69.09 %
	33 1/3% support test - 2023. If the c					· · · ·	
	stop here. The organization qualifies	•				-	
b	33 1/3% support test - 2022. If the c		•				
	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances test						
	and if the organization meets the fact	•					
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets the	•				-	
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio				•••••		
				., ,	, e. leek the box a		(Form 990) 2023

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Schedule A (Form 990) 2023	NATIONAL	SOCIETY	то	PREVENT	BLINDNESS	36-3667121	Page 3
Part III Support Schedule for	r Organizatior	ns Described	d in S	Section 509(a	a)(2)		

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified 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.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
check this box and stop here						<u></u>
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2023 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						ne 17 is not
more than 33 1/3%, check this box a	-	•				
b 33 1/3% support tests - 2022. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in		
332023 12-21-23		16			Sched	lule A (Form 990) 2023

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7

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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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36-3667121 Page 5 NATIONAL SOCIETY TO PREVENT BLINDNESS Schedule A (Form 990) 2023 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	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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</i>		
	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, vised or controlled the supporting organization

Section C. Type II Supporting Organizations	

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

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [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.

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

2

No

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14491125 707170 8272

Sche	dule A (Form 990) 2023 NATIONAL SOCIETY TO PREV			36-3667121 Page 6				
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must c	omplet	te 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):							
<u>a</u>	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-functionally	integra	ated Type III supporting of	organization (see				

instructions).

Schedule A (Form 990) 2023

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NATIONAL SOCIETY TO PREVENT BLINDNESS

Fai	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt 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	es 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 (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	ns	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023			SOCIETY					36-3667121	Page 8
Part VI	Part IV, Section A, I line 1; Part IV, Sect	lines 1, 2, 3b, 3c ion D, lines 2 an	c, 4b, 4c, 5 d 3; Part	5a, 6, 9a, 9b, 9 IV, Section E, I	ines 1c, 1	11b, and 11c 2a, 2b, 3a, a	; Part IV, Se nd 3b; Part	ection B, lines V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Sectior t V, Section B, line 1e; Pa	n C, irt V,
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Pa	rt V, Sect	ion E, lines 2, 5	5, and 6.	Also comple	ete this part	for any addit	ional information.	
									Oshadala A /E -	000 000
332028 12-21-2	3				21				Schedule A (Form 9	990) 202

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

36-3667121

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ALLERGAN FOUNDATION	575,000.	184,108.
GENENTECH, INC.	1,735,000.	1,344,108.
HORIZON THERAPEUTICS	2,037,300.	1,646,408.
REGENERON PHARM	1,129,010.	738,118.
VISION SERVICE PLAN	540,000.	149,108.
ZUHLKE	631,945.	241,053.
L Total Excess Contributions to Schedule A, Part II, Line 5	I	4,302,903.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

····· ··· ··· ··· ··· ··· ··· ··· ···					
	NATIONAL	SOCIETY	то	PREVENT	BLINDNESS
Organization type (che	eck one):				

36-3667121

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Employ	er identificatio	on number
	NATIONA	L SOCIETY TO PREVE	ENT BLINDNE	SS		36-36672	121
Pa	rt I-A Complete if the org	janization is exempt under	section 501(c) of	or is a section 52	27 orga	inization.	
1	Provide a description of the organiz	ation's direct and indirect political	campaign activities ir	n Part IV.			
2	Political campaign activity expendit	ures			\$_		
3	Volunteer hours for political campa	gn activities					
Pa	rt I-B Complete if the org	anization is exempt under	section 501(c)(3	3).			
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		\$		
2	Enter the amount of any excise tax						
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?						No
4a	Was a correction made?					Yes	No
b	If "Yes," describe in Part IV.						
Pa	rt I-C Complete if the org	anization is exempt under	section 501(c),	except section 5	501(c)(3	3).	
1	Enter the amount directly expended	d by the filing organization for section	on 527 exempt functi	on activities	\$_		
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for se	ction 527			
	exempt function activities				\$		
3	Total exempt function expenditures						
	line 17b				\$		
4	Did the filing organization file Form					Yes	No No
5	Enter the names, addresses, and e	mployer identification number (EIN)	of all section 527 po	litical organizations to	which t	he filing organi:	zation
	made payments. For each organiza	tion listed, enter the amount paid fi	om the filing organiz	ation's funds. Also er	iter the a	mount of polition	cal
	contributions received that were pr	omptly and directly delivered to a s	eparate political orga	nization, such as a se	eparate s	segregated func	l or a
	political action committee (PAC). If	additional space is needed, provide	e information in Part I	V.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's c	(e) Amount of contributions re- promptly and	ceived and

	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

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Open to Public

Inspection

23

		NAL SOCIETY TO PREVENT BLIND		667121 Page 2
Pa		n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)).			
Α	Check 🛛 🗴 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B	Check if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	84,220.	147,720.
с	Total lobbying expenditures (add lines 1a and	l 1b)	84,220.	147,720.
d			4,737,234.	8,099,851.
е		s 1c and 1d)	4,821,454.	8,247,571.
f	Lobbying nontaxable amount. Enter the amount		391,073.	562,379.
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	97,768.	140,595.
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	0.
i	Subtract line 1f from line 1c. If zero or less, et	nter -0-	0.	0.
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a Lobbying nontaxable amount	512,338.	851,233.	530,708.	562,379.	2,456,658.			
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,684,987.			
c Total lobbying expenditures	214,358.	173,503.	150,856.	147,720.	686,437.			
d Grassroots nontaxable amount	128,085.	212,809.	132,677.	140,595.	614,166.			
e Grassroots ceiling amount (150% of line 2d, column (e))					921,249.			
f Grassroots lobbying expenditures								

Schedule C (Form 990) 2023

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36-3667121 Page 3

 Schedule C (Form 990) 2023
 NATIONAL SOCIETY TO PREVENT BLINDNESS
 36-36671

 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)
	lobbying activity.	Yes	Νο	Amo	ount
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? 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?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be 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				
	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 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I		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).	al			
а	Current year		2a		
b	Carryover from last year		2 b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	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	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990) 2023

332043 11-06-23

Schedule C	Affiliated Group Lobbying Expenditure Part II -A	es	
Name of Affiliated Group Memb	er Y OF PREVENT BLINDNESS	Employer ID Numbe 36-3667121	
Affiliated Group Member Addres 225 W WACKER, S CHICAGO, IL 606	UITE 400	Electing Member NO	
Limits on Lobbying Expenditu	es:		Line
Total lobbying expenditures to i	nfluence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to i	nfluence a legislative body (direct lobbying)	84,220.	b
Total lobbying expenditures (ad	l lines 1a and 1b)	84,220.	c
Other exempt purpose expendit	ures	4,737,234.	d
Total exempt purpose expendito	ires (add lines 1c and 1d).	4,821,454.	e
Lobbying nontaxable amount. Enter the amount from the follow	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	391,073.	f
Grassroots nontaxable amount	enter 25% of line 1f)	97,768.	g
Subtract line 1g from line 1a (lin	it to zero)	0.	h
Subtract line 1f from line 1c (lim	t to zero)		i

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Schedule C	Affiliated	Group Lobbying Expenditures Part II -A		
Name of Affiliated Group Memb PREVENT BLINDNE			Employer ID Numbe 31-6063433	
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 (grassro	pots lobbying)	0.	1a
Total lobbying expenditures to	influence a legislative body (dire	ct lobbying)	27,000.	b
Total lobbying expenditures (ad	27,000.	с		
Other exempt purpose expendi	tures		1,490,775.	d
Total exempt purpose expendit	ures (add lines 1c and 1d).		1,517,775.	e
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 > 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		225,889.	f
Grassroots nontaxable amount	(enter 25% of line 1f)		56,472.	g
Subtract line 1g from line 1a (lir	nit to zero)		0.	h
.	· · · · · · · · · · · · · · · · · · ·		0.	.
Subtract line 1f from line 1c (lin	lit to zero)		••	1 '

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Schedule C	Affiliated	roup 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 Memb NO)er	
Limits on Lobbying Expenditu	res:			Line
Total lobbying expenditures to i	influence public opinion (grassr	ts lobbying)	0.	1a
Total lobbying expenditures to i	nfluence a legislative body (dire	lobbying)	0.	b
Total lobbying expenditures (ad		0.	с	
Other exempt purpose expendi		4.	d	
Total exempt purpose expendit		4.	e	
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			
Over \$17,000,000	\$1,000,000		1.	f
Grassroots nontaxable amount	(enter 25% of line 1f)	12,93	3.	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	ving expenditures		0.	

Schedule C	Affiliated	Group Lobbying Expenditures Part II -A		
Name of Affiliated Group Memb PREVENT BLINDNE	er SS NORTH CAROLIN	JA	Employer ID Number 56-6088141	
Affiliated Group Member Addres 4011 WESTCHASE RALEIGH, NC 276	BLVD		Electing Member NO	
Limits on Lobbying Expenditu	res:			Line
Total lobbying expenditures to in	nfluence public opinion (grassro	pots lobbying)	0.	1a
Total lobbying expenditures to i	nfluence a legislative body (dire	ct lobbying)	26,000.	b
Total lobbying expenditures (ad	26,000.	с		
Other exempt purpose expendit	1,623,688.	d		
Total exempt purpose expenditu	ures (add lines 1c and 1d).		1,649,688.	e
Lobbying nontaxable amount. Enter the amount from the follow	wing 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		232,484.	f
Grassroots nontaxable amount	(enter 25% of line 1f)		58,121.	g
Subtract line 1g from line 1a (lim	nit to zero)		0.	h
Subtract line 1f from line 1c (lim	it to zero)		0.	i
Member's share of excess lobby	ying expenditures		0.	

	HEDULE D m 990)	Complete if the org	tal Financial Statement panization answered "Yes" on Form 990 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or),
	tment of the Treasury al Revenue Service		Attach to Form 990. 190 for instructions and the latest inform	
Nam	ne of the organizati	on		Em
		NATIONAL SOCIETY	TO PREVENT BLINDNESS	
Pa		ations Maintaining Donor Advis n answered "Yes" on Form 990, Part IV, I	ed Funds or Other Similar Fund	s or Accou
			(a) Donor advised funds	(1.)
				(b) Fui
1	Total number at er	nd of year		(b) Fui
1 2		nd of year f contributions to (during year)		
1 2 3	Aggregate value o	f contributions to (during voor)		(b) Fui
_	Aggregate value o	f contributions to (during year) f grants from (during year)		(b) Ful
3	Aggregate value o Aggregate value o Aggregate value a	f contributions to (during year) f grants from (during year) t end of year	writing that the assets held in donor adv	

OMB No. 1545-0047 **Open to Public** Inspection

ployer identification number

	NATIONAL SOCIETY TO PREVENT BLINDNESS	36-3667121
Pa		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	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 conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c 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 o	rganization 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 conservations	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ts that describes the
Do	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	or Similar Acasta
Pa		er Similar 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	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	·
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance 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 g	jain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets:continued; a Using the organization is accusation, and other records, check any of the following that make significant use of its collection items (check all that apply). a a Pable sinkition d Lean or exchange program b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Strong the year, did the organization solutions of art, historical treasures, or other similar assets to a long bunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV. Ince 9, or reported an amount on Form 800, Part X, Ince 21. 1a Its dragganization in accusation and explain the organization and explain the arrangement in Part XIII and complete the following table: Armount c Beginning balance Imain any approximation included an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII. Armount 16 14 Isong and another the part III. Check here if the explanation has been provided in Part XII. Yes is of more AND. Part X, line 10. 16 15 Corthordinas Imain anoge	-		L SOCIETY 1					<u></u>	36-36			age 2
collection time (check all that apply). Collection time (check all that apply). Scholarly research Description of thure generations Other	Par	t III Organizations Maintaining C	ollections of Art	t, Histo	prical Tre	asures, or	Other	r Simila	r Assets	contii	nued)	
a Public exhibition d Lano or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that r	nake si	gnificant	use of its			
b Scholary research e Other												
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets tres 6 Dering the year, did the organization assets of the organization answered 'Yes' on Form 990, Part X, line 21. The second control of the organization of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance	а		d									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donalitions of at, historical treasures, or other similar assets Image: Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21. c Beginning balance Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Image: Complete the following table: c Beginning of year balance Image: Complete the following table: Image: Complete the following table: Part V Endowment Funds Complete the following table: Image: Complete the following table: Image: Complete the following table: 6 Other organization includes an amount on Form 990, Part X, line 21, for escrow or custodial account tablity? Yes No b If "Yes", explain the arrangement IP art XIII. Check here if the explanation instwered 'Yes' on Form 990, Part X, line 10. Image: Complete	b		е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other smillar assets No. Part IV Escrow and Oustodial Arrangements Complete if the organization assets No. Part IV Escrow and Oustodial Arrangements Complete if the organization assets not included on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X (line 21. Ves No b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Amount c Beginning balance 1d Id	С											
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Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part XII and complete the following table: Image: Complete intermediary for escrow or custodial account tability? Image: Complete intermediary for escrow or custodial account facility? Image: Complete intermediary for exclude an amount on Form 990, Part XI, line 21, for escrow or custodial account facility? Image: Complete intermediary for exclude an amount on Form 990, Part IV, line 10. Part V Endowment FundS Complete in the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete intermediary for acceunt tability? Image: Complete intermediary for acceunt tability? 1a Beginning of year balance 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1, 478, 217. 1,	5									-		-
reported an anount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 890, Part X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Image: Complete the following table: Amount d Additions during the year Image: Complete the following table: Amount 2 Didth complete if the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If 'Tes', "explain the arrangement in Part XIII. Check here if the escrew or custodial account liability? Yes No Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back 1a Beginning of year balance 1, 478, 217, 1, 478	Der											
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on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Indowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. (e) Four years back (e) Filter years back (e) Four years back (for present (c) Three years back												
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1a Beginning of year balance 1,478,217. 1,478,									years back	(e) Fou	r vears	back
b Contributions	1a	Beginning of year balance	1,478,217.	. /		., ,				7. 1.478.21		
c Net investment earnings, gains, and losses 69,665. 466,318. d Grants or scholarships 69,665. 466,318. e Other expenditures for facilities 69,665. 466,318. i Administrative expenses 1,478,217. 1,478,217. 1,478,217. 1,478,217. g End of year balance 1,478,217. 1,478,217. 1,478,217. 1,478,217. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasi-endowment % b Permanent endowment 100 % % c Term endowment % % f(i) Unrelated organizations? 3a(i) X (ii) Unrelated organizations? 3a(ii) X (ii) Interlated organizations? 3a(ii) X if "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(ii) X Part VI Land, Buildings, and Equipment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value dividings 17,210. 13,312. 3,898. 456,741.			, ,	,	, ,		,	,	,		<u>, ,</u>	
d Grants or scholarships						69	69,665. 466,318.					
e Other expenditures for facilities and programs 69,665. 466,318. f Administrative expenses 1,478,217. 1,478,217. 1,478,217. g End of year balance 1,478,217. 1,478,217. 1,478,217. 1,478,217. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment 100 % % c Term endowment % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations? Yes No (i) Unrelated organizations? 3a(i) X 3a(ii) X 3a(ii) X b If "Yes" on line 3a(i), are the related organization's endowment funds. 3a(ii) X 3b Sb 4 Describe in Part XIII the intended uses of the organization's endowment funds. Betr VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 17, 210. 13, 312. 3, 898. c Leasehold improvement							, 		,			
and programs 69,665. 466,318. f Administrative expenses												
f Administrative expenses 1,478,217. 1,478,217	-	· ·				69	,665.		466,318.			
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c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Inrelated organizations? (ii) Terse" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book valu		• · · · · · · · · · · · · · · · · · · ·	%	_								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3d(ii) X 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17, 210. 13, 312. 3, 898. d Equipment 212, 156. 145, 415. 66, 741. e Other 0 0 0 0			%									
organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 4 Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Image: Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings 17,210. 13,312. 3,898. d Equipment 212,156. 145,415. 66,741. e Other 0 0 0		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 17,210. 13,312. 3,898. c Leasehold improvements 17,210. 145,415. 666,741. e Other 0 0 0 0	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held an	nd administere	d for th	е				-
(ii) Related organizations? Ja(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Jb 4 Describe in Part XIII the intended uses of the organization's endowment funds. Jb Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 11 Land Land c Leasehold improvements 17,210. 13,312. 3,898. d Equipment 212,156. 145,415. 66,741.		organization by:										No
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 7 7 Part VI Land, Buildings, and Equipment 6 7 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 117,210. 13,312. 3,898. c Leasehold improvements 117,210. 145,415. 66,741. e Other 0 0 0		(i) Unrelated organizations?								3a(i)	Х	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												X
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (d) Book value b Buildings 17,210. 13,312. 3,898. c Leasehold improvements 17,210. 13,312. 3,898. d Equipment 212,156. 145,415. 66,741. e Other	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Sc	hedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				vment fu	unds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par											
basis (investment) basis (other) depreciation 1a Land			d "Yes" on Form 990	, Part IV,								
b Buildings 17,210 13,312 3,898 c Leasehold improvements 17,210 13,312 3,898 d Equipment 212,156 145,415 66,741 e Other		Description of property	1		• •		• •			(d) Boo	k valu	е
b Buildings 17,210 13,312 3,898 c Leasehold improvements 17,210 13,312 3,898 d Equipment 212,156 145,415 66,741 e Other	1a	Land										
c Leasehold improvements 17,210. 13,312. 3,898. d Equipment 212,156. 145,415. 66,741. e Other												
d Equipment 212,156. 145,415. 66,741. e Other												
e Other					21	2,156.	-	145,4	15.	6	6,7	41.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	е	Other									_	_
	Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part)	X <u>, line 10</u>	<u>)c. column</u>	<u>(B))</u>				7	0,6	39.

Schedule D (Form 990) 2023

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Complete if the organization answered "Yes"			d of yoar market yelve
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	iu-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(B) (C)			
(D)			
(E)			
(E)(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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	nd-of-vear market value
(1)			, , , , , , , , , , , , , , , , , , , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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			7,160,329.
(3) RIGHT OF USE ASSET			1,048,646.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		8,238,975.
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	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) AFFILIATE DEPOSIT			135,300.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			1
(9)			4.05.000
(9) <u>Total. (Column (b) must equal Form 990, Part X, line 25, co</u> 2. Liability for uncertain tax positions. In Part XIII, provide			135,300.

NATIONAL SOCIETY TO PREVENT BLINDNESS

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 NATIONAL SOCIETY TO PREVENT	BLINDNESS	36-3667121 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	eturn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per I	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 IX, line 25:		
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	4
С	Other losses	2c	4
d	Other (Describe in Part XIII.)		-
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information		

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

38

FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX

EXPENSE.

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Schedule D	(Form 990) 2023 Supplemental In	NATIONAL	SOCIETY	то	PREVENT	BLINDNESS	36-3667121	Page 5
Part XIII	Supplemental In	formation (continue	d)					
							Schedule D (Form 9	90) 2023

SCHEDULE G	Suppleme	ntal Information I	Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047	
(Form 990)		e organization answer organization entered n					r 19, or if the	2023	
Department of the Treasury	, , , , , , , , , , , , , , , , , , ,		to Form 990 c					Open to Public	
Internal Revenue Service		o www.irs.gov/Form9	90 for instruc	ctions	and th	ne latest information		Inspection	
Name of the organizatior		L SOCIETY TO) PREVE	NT I	BLI	IDNESS	Employer	identification number 67121	
Part I Fundrais		Complete if the organ							
	complete this part								
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 									
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres or entity (func		(ii) Activit	у	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)	
				Yes	No				
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licens	sed to solicit c	ontrib	utions	or has been notified	it is exempt fror	n registration	

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

Schedule G (Form 990) 2023

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

	(a) Event #1	(b) Event #2	(c) Other events	
	.,	.,		(d) Total events
			^	(add col. (a) through
				col. (c))
		(ovon typo)	(total hambol)	
Gross receipts	368,153.	58,391.	92,599.	519,143
Less: Contributions	171,000.	35,440.	29,500.	235,940
Gross income (line 1 minus line 2)	197,153.	22,951.	63,099.	283,203
Cash prizes				
Noncash prizes				
Rent/facility costs				
Food and beverages				
Entertainment				
	149,537.	15,194.	83,858.	248,589
			-	248,589
				34,614
III Gaming. Complete if the organization				•
\$15,000 on Form 990-EZ, line 6a.	1			
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Gross revenue				
Cash prizes				
Noncash prizes				
Pont/facility costs				
Other direct expenses				
	Yes %	Yes %	Yes %	
Volunteer labor	No	No	No	
Direct expense summary. Add lines 2 throug	h 5 in column (d)			
Not coming income our contract. Output of the	7 frame line 1 !			1
Net gaming income summary. Subtract line	7 from line 1, column (d)			
Net gaming income summary. Subtract line				
	ucts gaming activities:			Yes N
	Food and beverages	Gross receipts 368,153. Less: Contributions 171,000. Gross income (line 1 minus line 2) 197,153. Cash prizes	VISION SIGHT (event type) (event type) Gross receipts 368,153. 58,391. Less: Contributions 171,000. 35,440. Gross income (line 1 minus line 2) 197,153. 22,951. Cash prizes	VISION SIGHT 2 (event type) (event type) (total number) Gross receipts 368,153. 58,391. 92,599. Less: Contributions 171,000. 35,440. 29,500. Gross income (line 1 minus line 2) 197,153. 22,951. 63,099. Cash prizes

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	NATIONAL	SOCIETY	то	PREVENT	BLINDNES	S 36-3	3667121	Page 3
11	Does the organization conduct ga	aming activities with	n nonmembers?					Yes	No
	Is the organization a grantor, ben								
	to administer charitable gaming?							Yes	🗌 No
13	Indicate the percentage of gaming								
а	The organization's facility							13a	%
	An outside facility							13b	%
	Enter the name and address of th								
	Name								
	Address								
									<u> </u>
15a	Does the organization have a con	itract with a third pa	arty from whom	the org	anization recei	ves gaming reven	ue?	L Yes	No
					^				
b	If "Yes," enter the amount of gam				\$	an	d the amount		
	of gaming revenue retained by the								
с	If "Yes," enter name and address	of the third party:							
	News								
	Name								
	Addroop								
	Address								
16	Gaming manager information:								
16	Garning manager information.								
	Name								
	Gaming manager compensation	\$							
	carning manager compensation	Ψ							
	Description of services provided								
	Director/officer	Employee		Indepe	ndent contract	or			
17	Mandatory distributions:								
а	Is the organization required under	r state law to make	charitable distri	ibutions	from the gam	ing proceeds to			
	retain the state gaming license?							Yes	No No
b	Enter the amount of distributions	required under stat	te law to be dist	ributed	to other exem	pt organizations o	or spent in the		
	organization's own exempt activit								
Pa	rt IV Supplemental Infor						i) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also p	rovide any addit	tional in	formation. See	e instructions.			
33204	33 09-13-23						Sched	ule G (Form	990) 2023
55200				42			Coned		2007 2020

Schedule G	(Form 990) Supplemental Infor	NATI	ONAL	SOCIETY	то	PREVENT	BLINDNESS	36-3667121	Page 4
Part IV	Supplemental Infor	mation	(continue	d)					
								Schedule G (Fe	orm 990)

332084 04-01-23

SCHEDULE I		arants and Oth					OMB N	o. 1545-0047
(Form 990)		vernments, an ete if the organizatio					2	023
Department of the Treasury	Comp		Attach to Form		(IV, III C 2 I OI 22.		Open	to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Ins	pection
Name of the organization			TNDNEGG				Employer identifica	
Part I General Information on Grants a		O PREVENT B	LINDNESS					667121
1 Does the organization maintain records		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	ion	
criteria used to award the grants or assis								No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
recipient that received more than s			1		(f) Method of			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	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	23,000.	0.			VISION PROGRAMS	
SANDI SFRINGS, GA 50520	38-0030303	50105	23,000.	0.			VISION FROGRAMS	
PREVENT BLINDNESS NORTH CAROLINA								
4011 WESTCHASE BLVD								
RALEIGH, NC 27607	56-6088141	501C3	33,000.	0.			VISION PROGRAMS	
PREVENT BLINDNESS OHIO 585 S FRONT ST, SUITE 220								
COLUMBUS, OH 43215	31-6063433	50103	33,000.	0.			VISION PROGRAMS	
	51 0005155	50105						
PREVENT BLINDNESS TEXAS								
2180 NORTH LOOP WEST								
HOUSTON, TX 77018	74-6075105	501C3	28,000.	0.			VISION PROGRAMS	
PREVENT BLINDNESS WISCONSIN								
731 JACKSON ST								
MILWAUKEE, WI 53202	39-6096227	501C3	28,000.	0.			VISION PROGRAMS	
			,					
PREVENT BLINDNESS IOWA								
1111 NINTH ST., #250								
DES MOINES, IA 50314	42-6083207	501C3	8,000.	0.			VISION PROGRAMS	
2 Enter total number of section 501(c)(3) a	nd government org	panizations listed in the	e line 1 table					

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

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

Schedule | (Form 990) 2023 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	ົດງ	
	-	Compensated Employees		20	ZJ	j
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		identificatio		nber
_		NATIONAL SOCIETY TO PREVENT BLINDNESS	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			
	Travel for companions Payments for business use of personal residence					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization's				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation	च्च				
			ommittoo			
Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	-	e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?				x
	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			<u>6a</u>		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8	_	X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY TODD	(i)	299,875.	0.	0.	19,941.	16,132.	335,948.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN HARTMAN	(i)	165,381.	0.	0.	11,577.	16,585.	193,543.	0.
V.P. & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIRA N. BALDONADO	(i)	150,892.	0.	0.	10,562.	14,910.	176,364.	0.
VP PUBLIC HEALTH & POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLES K WEST	(i)	127,743.	0.	0.	8,942.	17,310.	153,995.	0.
SR. DIRECTOR, MARKETING CO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 NATIONAL SOCIETY TO PREVENT BLINDNESS

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) 2023

SCHEDULE O (Form 990)

Department of the Treasury

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.



Name of the organization

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

NATIONAL SOCIETY TO PREVENT BLINDNESS

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

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 332211 11-14-23

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Schedule O (Form 990) 2023 Page 2						
Name of the organization	NATIONAL SOCIETY TO PREVENT BLINDNESS	Employer identification number 36-3667121				
PREVENTING BL	INDNESS AND PRESERVING SIGHT.					

EXPENSES \$ 284,953. INCLUDING GRANTS OF \$ 10,560. REVENUE \$ 612,708.

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 126 W-2'S FOR ALL

AFFILIATED ORGANIZATIONS. OF THE TOTAL W-2'S, 27 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 Schedule O (Form 990) 2023 332212 11-14-23 50

2023.05000 NATIONAL SOCIETY TO PREVE 8272___1

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

332212 11-14-23

585,726.

29,602.

177,058.

792,386.

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
NATIONAL SOCIETY TO PREVENT BLINDNESS	36-3667121
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	792,386.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN MARKET VALUE OF BENEFICIAL INTEREST IN TRUSTS	822,042.
FORM 990, PART XII, LINE 2C	
THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM	THE PRIOR
YEAR.	
	Schedule O (Form 990) 2023

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