INGRAHAM & ASSOCIATES, CPAS 412 SOUTH MAIN STREET SALINAS, CA 93901 831-422-6261 Licensed by the California Board of Accountancy

January 14, 2021

Blind & Visually Impaired Center of Monterey County 225 Laurel Ave Pacific Grove, CA 93950

Dear Alissa:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2019 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by July 15, 2020. Mail your California payment voucher, Form 3586, on or before July 15, 2020 to:

FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by July 15, 2020. Make the check or money order payable to "Department of Justice" and mail your California report on or before July 15, 2020 to:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Horace B. Ingraham, EA

Form	99	0
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(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2019

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17 Other expenses (Part X, column (A), lines TIA-110, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, T	ses	16a Pr	rofessional	fundraising fees (Part IX, column (A), line 11e)					/					
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20 Total assets (Part X, line 16)	_ <i>o</i>		evenue less											
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Sign Here Signature of officer) is based on all information of which preparer has any knowledge. Signature of officer Date Alissa Whittle Treasurer Type or print name and title Preparer's signature Paid Preparer Use Only Print/Type preparer's name Preparer's signature Firm's name Ingraham, EA Horace B. Ingraham, EA Poll Poll A41847 Firm's name Ingraham & Associates, CPAs Firm's EIN ► 20-3557376 Salinas, CA 93901 Phone no. 831-422-6261 Mo May the IRS discuss this return with the preparer shown above? (see instructions)														
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Form 9	90 (2019)	Blind & Visu	ually Impaired	d Center	23	-7221588	Page 2
Part I			m Service Accor				
	Check	if Schedule O conta	ains a response or ne	ote to any line in this Par	t III		Х
1 B	Briefly describ	e the organization	's mission:				
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S	Section 501(c)(3) and 501(c)(4)	organizations are rec	uired to report the amour	nt of grants and allocations to of	hers, the total ex	penses,
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Form 990 (2019) Blind & Visually Impaired Center
Part IV Checklist of Required Schedules

1 41	oneckist of required benedules		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	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes</i> ,' <i>complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' 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 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes</i> ,' <i>complete Schedule D, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part V.</i>	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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.	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	19 20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
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Form 990 (2019)

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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	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	 24a		X
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		ļ
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
	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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	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		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a3b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			_
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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Part IV Cheo		klist of I	Re	quired Sche	dules	(con	tinued)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Image: State in the number of employees reported on Form W-3, Transmittal of Wage and Tax State in the state of the state in the state of the state in the state of the st		019) Blind & Visually Impaired Center 23-72215	88	I	Page 5
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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	iges d	on	
Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 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. 1 a 12 b Enter the number of voting members included on line 1a, above, who are independent 1 b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 1			V
officer, director, trustee, or key employee?	2		Х
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders?See.Schedule.Q 	5	Х	Х
 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule. O	0 7a		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	Х	
b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Section B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Co	ode.)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a		Х
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a Has the organization provided a complete conv of this Form 990 to all members of its governing body before filing the form?	11 a	Х	1

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See. Schedule . Q.	12c	Х	
13 Did the organization have a written whistleblower policy?	13	Х	
14 Did the organization have a written document retention and destruction policy?	14	Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official. See Schedule. 0	15a	Х	
b Other officers or key employees of the organization	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxable entity during the year?	16 a		Х
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
organization's exempt status with respect to such arrangements?	16 b		L
Section C. Disclosure			

17	List the states with which a	сору	of this Form	990 is re	quired to be filed ►	
----	------------------------------	------	--------------	-----------	----------------------	--

None 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.

 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule O)

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	e to
	the public during the tax year.	See Schedule O	
~~	Otata dia mandri additi a successi dal talenda and	and a state was a sub- was a state that a supervise the base of a state of the stat	

State the name, address, and telephone number of the person who possesses the organization's books and records ► 20 Cheri 225 Lau<u>rel Ave</u> Pacific Grove CA 93950 831-649-3505

Form 990 (2019) Blind & Visually Impaired Center	23-7221588	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	st Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.	ng with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organiz	ations), regardless of amount of	

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Х Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	(C)									
(A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	employee Key employee Officer Inclit trional trustee		Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Becky Stewart	0									
Secretary	0	Х		Х				0.	0.	0.
_(2) Dr. Ken Hunter								0	0	0
President	0	Х						0.	0.	0.
<u>(3)</u> <u>Alissa Whittle</u> Treasurer	<u>2_</u>	Х		Х				0.	0.	0.
(4) Tom Gardner	5									
Vice President	0	Х		Х				0.	0.	0.
[7]										
(10)										
(11)										
(12)										
(13)										
		!								
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Form 990 (2019) Blind & Visually Impaired Center

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Pa	t VII Section A. Officers, Directors, Tru	stees, I	Key	Em	plo	bye	es, a	ano	d Highest Com	pensated Emp	loyees (continued)
		(B)			(0	•					
	(A) Name and title	Average hours per	hours box, unless person is both an per officer and a director/trustee) compensation from compensation						(E) Reportable compensation from	(F) Estimated amount of other	
		week (list any hours	or c	Insti	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		for related	Individual or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer			and related organizations
		organiza - tions below	il trus	nal tru		loyee	ompe				
		dotted line)	stee	Jstee			insate				
							ğ				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
<u>~~</u>											
(24)											
(25)											
	Subtotal							•	0.	0.	0.
	Total from continuation sheets to Part VII, Section							•	0.	0.	0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited								0. more than \$100.00	0.	0.
2	from the organization \blacktriangleright 0		15100	4001	(0)	110		vcu			
											Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										. 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	reportabl r than \$1	le co 50,00	mpe 00?	nsa If 'γ	tion ′ <i>es,</i>	and ' <i>com</i>	oth ple	er compensation te Schedule J for	from	. 4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes</i> ,	e compen	isatio	n fro	om a	anv	unre	late	d organization or	individual	
Sec	tion B. Independent Contractors							,			
1	Complete this table for your five highest compensation from the organization. Report compensation	sated inde sation for	epeno the ca	dent alenc	cor dar ۱	ntrao vear	ctors endii	tha ng v	t received more the transformed to the termination of term	nan \$100,000 of ganization's tax year	
	(A) Name and business addr					jeu	onun		(B) Description of	Ī	(C) Compensation
											·
2	Total number of independent contractors (including be \$100,000 of compensation from the organization		ited to	o tho	se l	isteo	abov	ve)	who received more	than	

Form 990 (2019) Blind & Visually Impaired Center

Part VIII Statement of Revenue

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				(A) Total revenue	(B)	(C)	_ (D)
				lotal revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under sectio 512-514
	a Federated campaigns	1 a					
	Membership dues	1 b	950.				
	c Fundraising events	1 c					
C	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in	1 f	909,968.				
	lines 1a-1f.	1 g					
ł	n Total. Add lines 1a-1f		►	910,918.			
			Business Code				
	<u>Low Vision Fees</u>		900099	21,645.	21,645.		
	• <u>Country Store</u>			9,287.	9,287.		
•	Lunches			573.	573.		
•	d						
e	•						
	All other program service revenue						
Ģ	g Total. Add lines 2a-2f			31,505.			
3	Investment income (including divide other similar amounts)	• • • •	▶	681,995.	681,995.		
4	Income from investment of tax-ex						
5	Royalties		(ii) Personal				
6.	a Gross rents 6a	aı	(II) Personal				
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)		▶				
	(i) Securit		(ii) Other				
7 a	a Gross amount from sales of assets	1005					
_	other than inventory 7a						
t	b Less: cost or other basis and sales expenses 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)		▶				
		Γ					
	(not including \$	_					
	of contributions reported on line 1c).						
-	See Part IV, line 18	8	1070171				
	b Less: direct expenses	8	-				
	c Net income or (loss) from fundrai	sing	events 🕨	70,647.			
9 a	a Gross income from gaming activities. See Part IV, line 19	9	_				
	b Less: direct expenses	9					
	c Net income or (loss) from gaming	-					
			viuc3				
10a	a Gross sales of inventory, less returns and allowances	10	a				
ŀ	b Less: cost of goods sold	10					
	c Net income or (loss) from sales of		- 1.	-1.	-1.		
			Business Code	-1.	-1.		
11 a	a Sales of client supplies		446199	47,485.	47,485.		
	o <u>sares or crient suppites</u>		770133	41,403.	47,403.		
							1
	d All other revenue						
	d All other revenue		►	47,485.			

16	Occupancy	45,168.	
17	Travel	9,118.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings		
20	Interest		
21	Payments to affiliates		
22	Depreciation, depletion, and amortization	12,549.	
23	Insurance	73,095.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		
a	Client supplies	41,568.	
	• Ground maintenance	17,795.	
c	: Gump	15,204.	
	Measure X	10 177	

Form 990 (2019) Blind & Visually Impaired Center Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX.

	Check if Schedule O contains a				
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	337,883.	304,065.	33,818.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,588.		4,588.	
9	Other employee benefits				
10	Payroll taxes	27,274.	24,547.	2,727.	
11	Fees for services (nonemployees):	i	i	i	
a	Management				
	Legal	8,930.	6,251.	2,679.	
c	Accounting.	0,0001	0,2021		
c	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column	04 500	1 - 000		
10	(A) amount, list line 11g expenses on Schedule O.)	24,583.	17,208.	7,375.	
	Advertising and promotion	5,840.	4,672.	1,168.	
13	Office expenses	14,251.		14,251.	
14	Information technology				
15	Royalties				
16		45,168.	31,618.	13,550.	
17	Travel	9,118.	7,294.	1,824.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,549.	11,294.	1,255.	
23	Insurance	73,095.	51,167.	21,928.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	<u>Client supplies</u>	41,568.	41,568.		
	<u>Ground maintenance</u>	17,795.	8,898.	8,897.	
	<u> </u>	15,204.	15,204.		
c	Measure X	10,177.	10,177.		
	All other expenses.	50,683.	30,491.	20,192.	
25	Total functional expenses. Add lines 1 through 24e	698,706.	564,454.	134,252.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
RΔΔ					Form 990 (2019)

Form 990 (2019) Blind & Visually Impaired Center Part X Balance Sheet

10		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		16,526.	1	91,641.
	2	Savings and temporary cash investments		603.	2	58,209.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,246.	4	3,350.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contributor, or 35%		5	
	6	Loans and other receivables from other disqualified pe	-			
	Ŭ	section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use		110,675.	8	125,563.
Assets	9	Prepaid expenses and deferred charges		110,075.	9	125,505.
As	-					
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 658,258.			
		Less: accumulated depreciation.		279,043.	10 c	266,962.
		Investments – publicly traded securities		2,733,316.	11	3,629,555.
		Investments – other securities. See Part IV, line 11.		27,0070101	12	
	13	Investments – program-related. See Part IV, line 11.	E E E E E E E E E E E E E E E E E E E		13	
	14	Intangible assets.	-		14	
	15	Other assets. See Part IV, line 11		714,586.	15	879,743.
	16	Total assets. Add lines 1 through 15 (must equal line		3,856,995.	16	5,055,023.
	17	Accounts payable and accrued expenses		5,189.	17	10,266.
	18	Grants payable			18	
	19	Deferred revenue	-		19	
~	20	Tax-exempt bond liabilities			20	
ie	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	icer, director, trustee, itor, or 35% rsons		22	
	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to related third parties, plete Part X of Schedule D.		25	1.
	26	Total liabilities. Add lines 17 through 25		5,189.	26	10,267.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	×► X			
an	27	Net assets without donor restrictions		3,143,978.	27	4,171,187.
Ba	28	Net assets with donor restrictions	-	707,828.	28	873,569.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
5	29	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·		29	
ŝ	30	Paid-in or capital surplus, or land, building, or equipm			30	
SSE	31	Retained earnings, endowment, accumulated income,			31	
-				2 051 000	-	
4	32	Total net assets or fund balances		3,851,806.	32	5,044,756.

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Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,742,	549.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	698,	
3	Revenue less expenses. Subtract line 2 from line 1	. 3	1,043,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	3,851,	
5	Net unrealized gains (losses) on investments	. 5	149,	
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	. 10	5,044,	756.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
2			2 a	Л
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revier separate basis, consolidated basis, or both:	wed on a		
	Separate basis, Consolidated basis, or both.			-
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa		20	11
	basis, consolidated basis, or both:	late		
	Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc	it.		
	review, or compilation of its financial statements and selection of an independent accountant?	· · · · · · · · · · · · · · ·	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
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			OMB No. 1545-0047					
	EDULE A 990 or 990-EZ)	Com	plete if the organizat	ty Status and P ion is a section 501(c))(1) nonexempt charita	(3) orgai	nization		2019
			► Atta	Open to Public				
Departn Internal	nent of the Treasury Revenue Service	► 0	Go to www.irs.gov/Fo	rm990 for instructions	and the	latest in	nformation.	Inspection
Name o	f the organization E	Blind & Vis	sually Impaire / County	ed Center			Employer identifica	
Part				ganizations must of	comple	te this		
				For lines 1 through 12,				
1	A church, conv	vention of church	es, or association of ch	nurches described in sec	tion 1 70(b)(1)(A)(i).	
2	A school desc	ribed in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	r 990-EZ)	.)		
3	A hospital or	a cooperative h	ospital service organi	zation described in sec	ction 170)(b)(1)(A	.)(iii).	
4	A medical res	-	tion operated in conju	Inction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
5	section 170(b	b)(1)(A)(iv). (Co	mplete Part II.)	ge or university owned		-	-	escribed in
6	A federal, sta	ate, or local gov	ernment or governme	ntal unit described in s	section 1	70(b)(1)	(A)(v).	
7	in section 17	0(b)(1)(A)(vi). (Complete Part II.)	art of its support from a	-	ental uni	t or from the general put	olic described
8				A)(vi). (Complete Part				
9	-	-		tion 170(b)(1)(A)(ix) oper (see instructions). Enter			-	-
10	from activities	s related to its encome and unrel	exempt functions-sub	33-1/3% of its support fr ject to certain exception income (less section Part III.)	ons, and	(2) no r	nore than 33-1/3% of i	ts support from gross
11	An organizati	on organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).	
12	or more public lines 12a thro	icly supported o ough 12d that de	rganizations describe escribes the type of s	ly for the benefit of, to d in section 509(a)(1) o upporting organization	or sectio and com	n 509(a) iplete lir	(2). See section 509(a) nes 12e, 12f, and 12g.	(3). Check the box in
а	organization(s	oorting organization) the power to re rt IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the directo	oported o rs or trus	rganizati tees of t	on(s), typically by giving he supporting organization	the supported on. You must
b	management	pporting organiz of the supporting t e Part IV, Sect i	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or on(s). You
c				ion operated in connectio blete Part IV, Sections				
d	functionally in	ntegrated. The c	organization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection ition reqi	with its s uirement	supported organization(s) t and an attentiveness	requirement (see
е	Check this bo	x if the organiz	ation received a writte	en determination from supporting organization	the IRS	that it is	a Type I, Type II, Type	e III functionally
f								
			n about the supported					
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
								000 000 EZ 2010

Schedule A (Form 990 or 990-EZ) 2019	Blind & Visually Impaired Cent	er

23-7221588

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.)

Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	1	1						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	vities, etc. (see in	structions)			12			
13	First five years. If the Form 990 is organization, check this box and						►		
Sec	tion C. Computation of Pu	blic Support F	ercentage						
	Public support percentage for 20	•	.,				%		
	Public support percentage from						%		
16a	16a 33-1/3% support test–2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►								
b	b 33-1/3% support test–2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-;	and-circumstance	s' test check this	box and stop her	e. Explain in Part	VI how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization.	t VI how the		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨		
BAA					Scl	nedule A (Form 99	90 or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	251,180.	499,140.	482,019.	610,990.	910,918.	2,754,247.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's					510,510.	
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade	38,423.	32,266.	46,155.	32,250.		149,094.
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	12,089.	20,593.	6,543.			<u> </u>
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	301,692. 0.	551,999. 0.	534,717.	643,240.	<u>910,918.</u> 0.	2,942,566.
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	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						2,942,566.
		(-) 0015	(1-) 0016	(-) 0017	(-1) 0010	(-) 0010	
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends,	301,692.	551,999.	534,717.	643,240.	910,918.	2,942,566.
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511	42,932.	43,624.	44,801.	9,354.	69,914.	210,625.
	taxes) from businesses acquired after June 30, 1975				0.05.1		0.
•	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	42,932.	43,624.	44,801.	9,354.	69,914.	210,625.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990	344,624.	595,623.	579,518.	652,594.	980,832.	3,153,191.
	organization, check this box and tion C. Computation of Pu	stop here					5) ▶
	Public support percentage for 20		-	e 13 column (f))		93.32 %
	Public support percentage from a	•					88.73 %
	tion D. Computation of Inv						00.13 0
17	Investment income percentage f		v		imn (ft)		6.68 %
18	Investment income percentage f						11.27 %
	33-1/3% support tests – 2019. If is not more than 33-1/3%, check	the organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, an	d line 17
b	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%	the organization di	d not check a box	on line 14 or lin	e 19a, and line 16	5 is more than 33	-1/3%, and
20	Private foundation. If the organi		-				
							00 or 000 E7) 2010

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 (b) and (c) below. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **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. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in 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*. 9c 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 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

10b

whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

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).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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.			

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 year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? *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.

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Yes

1

2

No

No

Yes

2a

2b

3a

3h

instructions. All other Type III non-functionally integrated supporting organization	ions must	annolata Castiana A	n Part VI). See				
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A the section A – Adjusted Net Income (A) Prior Year							
1 Net short-term capital gain	1		(optional)				
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						
Section 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 shor tax year or assets held for part of year):	ť						
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e 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 1-1/2% 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 .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C – Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 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 integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Su		ations (continued)					
Section D – Distributions			Current Year				
1 Amounts paid to supported organizations to accomplish exempt pu							
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exempt purposes of su	upported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI). See instructions.							
7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	e details					
9 Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by line 9 amount							
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.							
3 Excess distributions carryover, if any, to 2019							
a From 2014							
b From 2015							
c From 2016							
d From 2017							
e From 2018							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2019 distributable amount							
i Carryover from 2014 not applied (see instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distributions for 2019 from Section D, line 7: \$							
a Applied to underdistributions of prior years							
b Applied to 2019 distributable amount							
c Remainder. Subtract lines 4a and 4b from 4.							
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7 Excess distributions carryover to 2020. Add lines 3j and 4c.							
8 Breakdown of line 7:							
^a Excess from 2015							
b Excess from 2016							
c Excess from 2017							
d Excess from 2018							
e Excess from 2019							

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Schedule A (Form 990 or 990-EZ) 2019

 A (Form 990 or 990-EZ) 2019
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 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

~~		C	alamantal Financial Sta	tomonto		OMB No.	1545-0047
	SCHEDULE D (Form 990)Supplemental Financial Statements 					20	19
Depar Intern	Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.					Open t Inspec	o Public
	of the organization				Employer in	dentification r	
		/isually Impaired (rey County	Center		23-722	1588	
Par			or Advised Funds or Other S	Similar Funds or Ac	-	1500	
1 01	Complete	if the organization answ	wered 'Yes' on Form 990, Pa	art IV, line 6.			
			(a) Donor advised funds	s (b)	Funds and	other acco	unts
1	Total number at e	end of year					
2	Aggregate value of cor	ntributions to (during year)					
3		ants from (during year)					
4	Aggregate value	at end of year					
5	are the organizati	ion's property, subject to the	nor advisors in writing that the asse organization's exclusive legal cont	rol?	· · · · · · · · L	Yes	No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing th of the donor or donor advisor, or t	for any other purpose c	onferring _	Yes	No
Par		tion Easements.					
			wered 'Yes' on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of cor	nservation easements held by	y the organization (check all that a	pply).			
		of land for public use (for example	ole, recreation or education)	Preservation of a his	5 1		
		natural habitat		Preservation of a cer	tified histori	c structure	
2		of open space		line in the former of a second			_
2	last day of the tax		neld a qualified conservation contribut	tion in the form of a cons			
	Total number of a	conservation easements		2a	Held at the	End of the	e lax fear
			ments				
			fied historic structure included in (a				
			n (c) acquired after 7/25/06, and no	·			
3	structure listed in	the National Register	nsferred, released, extinguished, or te	2d	tion during th	Δ	
5	tax year ►				don danng th		
4		where property subject to conse					
5	Does the organiza and enforcement	ation have a written policy re of the conservation easemer	garding the periodic monitoring, in the it holds?	spection, handling of vi	olations,	Yes	No
6	Staff and volunteer	r hours devoted to monitoring, i	inspecting, handling of violations, and	enforcing conservation e	easements du	iring the ye	
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enfo	orcing conservation ease	ments during	the year	
8	Does each conse and section 170(h	rvation easement reported or 1)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of section 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, desci include, if applica conservation ease	able, the text of the footnote	ports conservation easements in its to the organization's financial state	revenue and expense ements that describes th	statement a le organizati	nd balance on's accou	e sheet, and unting for
Par	t III Organizat	tions Maintaining Colle	ctions of Art, Historical Trea wered 'Yes' on Form 990, Pa	asures, or Other Si art IV, line 8.	milar Ass	ets.	
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in it Id for public exhibition, education, I statements that describes these i	or research in furtherar	nd balance s ice of public	heet works service, p	s of art, rovide in
ł	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its re or public exhibition, education, or rese	earch in furtherance of pu	blic service,	t works of provide the	art,
	••		line 1				
n	• •		Nictorial traceuras, or other similar or			louina	
	amounts required	to be reported under FASB	historical treasures, or other similar as ASC 958 relating to these items:			iowing	
			·····				<u> </u>
			Instructions for Form 990.		• • • • •	ule D (For	m 990) 2019

Schedule D (Form 990) 2019 Blind a				23-722		Page 2
Part III Organizations Maintaini	ng Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continu	ued)
3 Using the organization's acquisition, an items (check all that apply):	ccession, and othe	r records, check ar	ny of the following that ma	ake significant use of its	collection	
a Public exhibition		d 🗌 Loan d	r exchange program			
b Scholarly research		e Other				
c Preservation for future generation						
4 Provide a description of the organization Part XIII.		,	Ū			
5 During the year, did the organization to be sold to raise funds rather than					Yes	No
Part IV Escrow and Custodial A line 9, or reported an an	rrangements.	Complete if the 990, Part X,	ne organization ans ine 21.	swered 'Yes' on Fo	rm 990, Pai	rt IV,
1 a Is the organization an agent, trustee on Form 990, Part X?	e, custodian or ot	her intermediary	for contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in						
-			.9		Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance						
2 a Did the organization include an amo	ount on Form 990	, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII. Check	here if the explan	ation has been provide	d on Part XIII	[
Part V Endowment Funds. Con		1				<u> </u>
1 - Beginning of year belongs	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage o	2	end balance (line	e 1g, column (a)) held a	as:		
a Board designated or quasi-endowment		00				
b Permanent endowment						
c Term endowment ►	-0	0.0/				
The percentages on lines 2a, 2b, and	2c should equal 10	0%.				
3a Are there endowment funds not in the	possession of the	organization that a	re held and administered	for the	Yes	No
organization by: (i) Unrelated organizations						No
(ii) Related organizations					3a(i) 3a(ii)	<u> </u>
b If 'Yes' on line 3a(ii), are the related					3b	
4 Describe in Part XIII the intended us	U U				55	
Part VI Land, Buildings, and Eq						
Complete if the organiza		'Yes' on Forn	n 990. Part IV. line	11a. See Form 99	0. Part X. li	ine 10.
Description of property	(a) Cos	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	
1 a Land						
b Buildings.			132,324.	50,726.	81	,598.
c Leasehold improvements			359,402.	173,998.		,404.
d Equipment			103,974.	103,974.		0.
e Other			62,558.	62,598.		-40.
Total. Add lines 1a through 1e. (Column ((d) must equal Fo	rm 990, Part X, c			266	,962.
BAA				Sched	ule D (Form 99	

TEEA3302L 8/22/19

Part VII		 Other Securities. 			
		ecorganization answere	d Yes on Form 990 (b) Book value), Part IV, line 11b. See Form 99 (c) Method of valuation: Cost or end-of-	
			(D) DOOK Value	(C) Method of Valuation: Cost of end-of-	year market value
		sts			
(2) Closely (3) Other	Their equity intere	515			
(A)					
(B)					
<u> </u>					
<u>`</u>					
(E)			_		
(F)					
(G)					
(H)					
(l)					
		990, Part X, column (B) line 12.) I			
Part VIII	Investments -	- Program Related.	d 'Vos' on Form 990	N/A), Part IV, line 11c. See Form 99	0 Part V lina 13
	(a) Description o		(b) Book value	(c) Method of valuation: Cost or end-o	
(1)					your market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		990, Part X, column (B) line 13.) ¹			
Part IX	Other Assets.	le organization answere	d 'Yes' on Form 990), Part IV, line 11d. See Form 99	0 Part X line 15
			escription	,, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)					
		erest Community Fou	Indation		108,495.
	roll liabili				15,695.
(4) UNC (5)	onditional i	Promise to Give			755,553.
(6)					
(7)					
(8)					
(9)					
(10)					
			(B) line 15.)	•••••••••••••••••••••••••••••••••••••••	879,743.
Part X	Other Liabiliti	es.	Form 000 Dort IV line 11	a or 11f Soo Form 000 Port V line 2F	
1.			ription of liability	e or 11f. See Form 990, Part X, line 25.	(b) Book value
	ral income taxes	(a) Dest			
(2) Rou					1.
(3)	- 1				
(4)					
(5)					_
(6)					
(7)					
(8) (9)					
(10)					
(10)					
	nn (b) must equal Form	990, Part X, column (B) line 25.)		►	1.
	.,	, , , ,		ancial statements that reports the organization's li	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 Blind & Visually Impaired Center	23-7221588	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A	
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:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e 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:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
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:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.) 2d		
e 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:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part 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 - Intended Uses Of Endowment Fund

Beneficial interest held at Community Foundation of Monterey County.

SCHEDULE G (Com 1990 or 590 ED Dependent entered more than 500 eT an 990 FT W, line 17, is or 13, or 110		Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ng Activitie	es	OMB No. 1545-0047	
Production of the Vision of the Vis	SCHEDULE G (Form 990 or 990-EZ)	configure in the organization answered the on Form 990, Part IV, line 17, 16, or 19, or in the							2019	
Name of explosition Link & Visual Ly Impaired Center Employe identification number 23 - 7221588 Part II Fundrabing Activities, Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Employe identification 1 indicate whether the organization raised funds through any of the following activities. Check all that apply. e (X) Solicitation of government grants b internet and email solicitations f (X) Solicitation of government grants g (X) Special fundrasing events 2 Do the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 90, Part IV) or oral agreement with any individual fundrasing events (Y) Amount Paut to be complete titles of the organization. 0 Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be completeriated at lead \$500 by the organization. (W) Amount Paut to organization 2 in the organization organization. (W) Activity (W) Afford the fundraiser is to be completeriated by organization. 4 in the organization. (W) Activity (W) Afford the fundraiser is to be completeriated by organization. 2 in the organization. (W) Activity (W) Afford the fundraiser is to be completeriated by organization. 3 in the organization. (W) Activity (W) Afford the organization (W) organization (Department of the Treasury	partment of the Treasury							Open to Public	
Part I Fundaraising Activities. Complete it the organization answeed "Yes" on Form 390, Part IV, Iine 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a [X] Maik allocitations e [X] Solicitation of government grants b Internet and email solicitations f [X] Solicitation of government grants c [X] Prone solicitations g [X] Special fundraising events d [X] In-preson solicitations g [X] Special fundraising events 20 Dit the organization have a written or oral agreement with any individual (including officers, directors, fustees, resp. [] Yes [] No b If 'Yes', list the 10 highest paid individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be comparised at least \$5,000 by the organization. [] Wes catter or catter or catter or entity in concellations 0 Name and address of individual or entities (fundraiser) are the catter or ca	Name of the organization Bli	nd & Visua	ally Impai				Empl	oyer identifica	tion number	
Form 990-EZ filters are not required to Complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Intert and email solicitations c Phone solicitations d Data tend and email solicitations d Data tend of the analysis of the solution of powerment grants d Data tend operation have a written or anal 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? entry services Data tend operation have a written or anal 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? if Yes No if Ye				ation answ	ered 'Yes' (on Form 990, Part IV, line		722158	3	
A Mail solicitations Profile Solicitations Prove Solicitations	Fart Form 990-EZ	filers are not re	quired to comp	lete this p	oart.					
b Internet and email solicitations f Solicitation of government grants c X Prone solicitations g Solicitation of government grants 2a Date or oparization have a written or oral agreement with any individual cincluding officers, directors, trustees, or key employees listed in Form 900. Part VII to entry in contention with professional fundraising services? Image: Solicitation of government grants 2a Dat the organization have a written or oral agreement with any individual cincluding officers, directors, trustees, or key employees listed in Form 900. Part VII to entry in the individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Activity (iii) Dat fundraiser fundraiser is to be compensated at least \$5,000 by the organization. 1 Yes No Image: solicitation of government grants 2 Image: solicitation of government grants (iii) Activity (iii) Activity (iii) Activity 3 Image: solicitation organization (iii) Activity (iii) Activity (iv) Amount paid to (or retained by) organization 4 Image: solicitation organization Image: solicitation organization Image: solicitation orgovernment grants <		-	raised tunds thr	ougn any		-				
d Imperson solicitations 2a 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 1D highest pad individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 53,000 by the organization. (0) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 5,000 by the organization. (1) (ii) Activity (iii) Definition (iii) Definition (i) Name and address of individual or entities (fundraiser is to be compensated at least 5,000 by the organization. (i) Name and address of individual or entities (fundraiser is to be compensate to compensate										
24 Did the organization have a writen or coal agreement with any individual (including differer, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: Site Site Site Site Site Site Site Site					g	X Special fundraising	events			
employees listed in Form 990, Part VII) or entity (in connection with professional fundraiser) services?			r oral agreement	with any i	ndividual (i	including officers, directo	re trustaas o	r kov		
compensated at least \$5,000 by the organization. (i) Name and address of individual or entry (undraiser) (ii) Did fundraiser (iii) Constrained by) (undraiser) (iii) Did fundraiser (iiii) Constrained by) (undraiser) (iv) Gross receipts from activity (iv) Gross from activity	employees listed in	n Form 990, Par	t VII) or entity i	n connect	tion with p	rofessional fundraising	services?			
(i) Name and address of individual or entity (undraiser) (ii) Activity here catting in cardinal bits in the second of the catting in cardinal bits in the second of the catting in cardinal bits in the second of the catting in cardinal bits in the second of the catting in cardinal bits in the second of the	b If 'Yes,' list the 10 compensated at le	highest paid ind ast \$5,000 by th	lividuals or enti le organization.	ties (fund	raisers) pu	Irsuant to agreements (under which t	he fundrais	ser is to be	
Yes No 1 Yes 2 Image: Second S			(ii) Activity	have custo	dy or control		(or retain fundraiser	ed by) listed in	(or retained by)	
2				Yes	No		colum	· (1)		
3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 9 9 9 10 Total	1									
3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 9 9 9 10 Total										
4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 10 1 0. 3< List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	2									
4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 10 1 0. 3< List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
5	3									
5										
6 Image: Control of the second seco	4									
6 Image: Control of the second formation of the										
6 Image: Control of the second seco	5									
7 8 9 9 10 9 Total										
7 8 9 9 10 9 Total	C									
8 9 10 0. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	6									
8 9 10 0. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	_									
9 10 0. Total	7									
9 10 0. Total										
10 0. Total	8									
10 0. Total										
Total	9									
Total										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	10									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	Total				►				0.	
	 List all states in whi or licensing. 	ch the organizatio	on is registered o	or licensed	to solicit c	ontributions or has been	notified it is e	xempt from	registration	

Schedule G (Form 990 or 990-EZ) 2019 Blind & Visually Impaired Center

23-7221588 Page 2

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

			(a) Event #1 General solici (event type)	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))			
REVENUE	1	Gross receipts		(event type)		70,647.			
U E	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	70,647.			70,647.			
	4	Cash prizes							
D	5	Noncash prizes							
RECT	6	Rent/facility costs							
	7	Food and beverages							
EXPENSES	8	Entertainment							
N S E	9	Other direct expenses							
S	10	Direct expense summary. Add lines 4 thr							
Dev	11	Net income summary. Subtract line 10 fr Gaming. Complete if the organiza				70,647.			
Par		\$15,000 on Form 990-EZ, line 6a.	illon answered res	s on Form 990, Par	t IV, line 19, or re	ported more than			
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
U E	1	Gross revenue							
E	2	Cash prizes							
EXPENSES	3	Noncash prizes							
CS TE S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes% No	Yes [%] No				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)	>				
	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?								
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 Blind & Visually Impaired Center	23-7221588	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:a The organization's facility.	13a	00
b An outside facility.		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco		0
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming reverse b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party: 	enue? Ye d the amount	s 🗌 No
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	e Ye	s No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.		(v);

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

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization Blind & Visually Impaired Center	Employer identification number
of Monterey County	23-7221588

Form 990. Part III. Line 4a - Program Service Accomplishments

LOW VISION CLINIC - We have an optometrist who specializes in low vision. He provides a comprehensive low vision exam and evaluation. Recommendations and prescriptions are provided for appropriate optical aids and devices that will make the best use of the individual's functional vision. Demonstration and loans of items are offered, as well as demonstration of assistive technologuy. Our Low Vision Specialists works in conjuction to the clinic and is available for training in the use of magnification systems and devices, as well as talking computer software. Lighting and glare control recommendations are also made.

SUPPORT SERVICES - BVIC provides information and referral to resources that assist people who are visually impaired. It offers a weekly socialization program (luncheon, ceramics/crafts class) which also serves as peer support. Its peer support groups promote shared practical advice and information to cope with vision loss. A weekly art class is also offered.

REHABILITATION SERVICES - Services are provided in a client's every day surroundings of home and community settings by experienced professionals. These services help a client adapt to the loss of sight and consist of orientation & mobility, independent living skills and the use of optical and non-optical aids and devices. orientation and mobility teaches people to travel safely with a cane, sighted guide or dog. Independent living skills teach alternative methods of doing every day tasks.

Name of the organization Blind & Visually Impaired Center	Employer identification number
of Monterey County	23-7221588

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

By-laws indicate members.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

By-laws indicate members that elect the board of directors annually.

Form 990, Part VI, Line 11b - Form 990 Review Process

CPA who helps prepare the 990 tax return presents the return to the Executive Committee. The Executive Committee presents to the full board for approval prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

To avoid actual or apparent conflict of interest, any employee who engages in any remunerative activity in the field directly or indirectly related to the work of the BVIC must have the prior express written approval of the Director. This includes consultation, speeches, conference participation and related work on the employee's own time. If done during normal working hours, any fee received for any such activity must be given to the BVIC. No employee may represent him/herself as a spokesperson for the BVIC without prior approval of the Director.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Finance Committee reviews officer wages.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies, and financial statements are available upon request.

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2019, or fiscal year beginning, 2019, and ending, 20		0010
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		2019
Name of exempt organization B1	ind & Visually Impaired Center		entification number
	Monterey County	23-722	1588
	m		
Alissa Whittle Part I Type of Return	Treasurer rn and Return Information (Whole Dollars Only)		
Check the box for the retur check the box on line 1a , 2 leave line 1b , 2b , 3b , 4b , o	n for which you are using this Form 8879-EO and enter the applicable amount, in a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with r 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on Do not complete more than one line in Part I.	n this form	was blank, then
1 a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b <u>1,742,549</u> .
	lere► b Total revenue, if any (Form 990-EZ, line 9)		2b 3b
	k here ► b Total tax (Form 1120-POL, line 22)		4b
	$a \dots \rightarrow \square$ b Balance Due (Form 8868, line 3c)		5b
Part II Declaration a	nd Signature Authorization of Officer		
I further declare that the ai intermediate service provice the IRS (a) an acknowledg refund, and (c) the date of funds withdrawal (direct de organization's federal taxe contact the U.S. Treasury I authorize the financial inst answer inquiries and resolv organization's electronic re	anying schedules and statements and to the best of my knowledge and belief, they are mount in Part I above is the amount shown on the copy of the organization's elec ler, transmitter, or electronic return originator (ERO) to send the organization's re- ement of receipt or reason for rejection of the transmission, (b) the reason for an any refund. If applicable, I authorize the U.S. Treasury and its designated Financ- bit) entry to the financial institution account indicated in the tax preparation softs s owed on this return, and the financial institution to debit the entry to this accoun- Financial Agent at 1-888-353-4537 no later than 2 business days prior to the pay tutions involved in the processing of the electronic payment of taxes to receive of <i>c</i> issues related to the payment. I have selected a personal identification number turn and, if applicable, the organization's consent to electronic funds withdrawal.	ctronic retu eturn to the ny delay in cial Agent ware for pa unt. To revo ment (settl confidential er (PIN) as	IRS and to receive from processing the return or to initiate an electronic ayment of the oke a payment, I must lement) date. I also I information necessary to
Officer's PIN: check one b	am & Associates, CPAs to enter my PIN ERO firm name E	0411 Inter five num	bers, but
on the organization's tax a state agency(ies) reg the return's disclosure	year 2019 electronically filed return. If I have indicated within this return that a copy of ulating charities as part of the IRS Fed/State program, I also authorize the afore	o not enter all the return mentioned	is being filed with
indicated within this re-	nization, I will enter my PIN as my signature on the organization's tax year 2019 electro urn that a copy of the return is being filed with a state agency(ies) regulating cha y PIN on the return's disclosure consent screen.	onically filed arities as p	d return. If I have part of the IRS Fed/State
Officer's signature	Date ►		
Part III Certification	and Authentication		
	r six-digit electronic filing identification		
	your five-digit self-selected PIN	[77786193901 Do not enter all zeros
I certify that the above nun above. I confirm that I am su Authorized IRS <i>e-file</i> Provi	neric entry is my PIN, which is my signature on the 2019 electronically filed retur bmitting this return in accordance with the requirements of Pub. 4163 , Modernized e-Fil ders for Business Returns.	n for the o e (MeF) Inf	rganization indicated ormation for
ERO's signature Horac	ce B. Ingraham, EA Date ►		
	ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)



DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:							
	FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531							
Make all checks	or money orders payable in U.S. dollars and drawn against a U.S. financial institution.							

WHEN TO FILE	 Corporations – File and Pay by the 15th day of the 4th month following the close of the taxable year.
	S corporations – File and Pay by the 15th day of the 3rd month following the close of the taxable year.
	Exempt organizations — File and Pay by the 15th day of the 5th month following the close of the taxable year.
When the due d to the next busi	ate falls on a weekend or holiday, the deadline to file and pay without penalty is extended ness day.

S: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

DETACH HERE CAUTION: You may be r				DUE, DO NOT MAIL THI	S VOUCHER		DE1	ACH HERE
TAXABLE YEAR	Pavme	nt Voi	ucher for Co	orporations			CALIFOF	NIA FORM
20 19				ns e-filed Re	eturns		3586	(e-file)
	BLI 1-19 ISUALLY	N 23 [.] TYE IMPAI	-7221588 12-31-19 RED CENTER	0000000000 OF MONTERE		19 'Y	FORM	3
CHERI 225 LAUREI PACIFIC GH		CA	93950					
831-649-35	505			AMOU	NT OF 1	PAYMENT		10.
			059	6181196	<u> </u>	CACA1201L 11/15/19	FTB 358	6 2019

TAXABLE YEARCalifornia Exempt Organization2019Annual Information Return

FORM **199**

	ear 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yy	уу)				
Corporation/Or	ganization name BLIND & VISUALLY IMPAIRED CENTER		С	alifornia corporation number		
_	OF MONTEREY COUNTY		C)631548		
Additional infor	mation. See instructions.			EIN		
Otres et la dalación e				23-7221588		
	(suite or room) JREL AVE		٢	MB no.		
City	State		Z	ip code		
PACIFIC	C GROVE CA		9	93950		
Foreign country	y name Foreign pro	ovince/state/county	F	oreign postal code		
A First Retu	Irn		9			
B Amended	Return Yes No See instructions See instructions 		• Yes X No			
C IRC Section	on 4947(a)(1) trust					
D Final Info						
• Di	issolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt u		n 23701	g? ● Yes X No		
	if "Yes," enter the gross rece (mm/dd/yyyy) ●		. \$			
	counting method:	narity exempt unde	r			
	Cash 2 X Accrual 3 Other R&TC Section 23701d and n					
	sturn filed? 1 ● 990T 2 ● 990-PF 3 ● Sch H (990) exception, check box. No fili	•				
	er 990 series M Is the organization a Limited	, , ,				
G is this a g	proup filing? See instructions	m 100 or Form 109) to rep	ort		
U la Ahia aw	taxable income?					
	panization in a group exemption Yes X No O Is the organization under au audited in a prior year?		AS UNE INS ● Yes X No			
I Did the o	rganization have any changes to its guidelines			· · · · · · Yes No		
	rganization have any changes to its guidelines Date filed with IRS					
Part I	Complete Part I unless not required to file this form. See General Information B and C					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		1	831,632.		
	2 Gross dues and assessments from members and affiliates.		2	001/0021		
Receipts	3 Gross contributions, gifts, grants, and similar amounts received.	-	3	910,918.		
and Revenues	 4 Total gross receipts for filing requirement test. Add line 1 through line 3. 	••••••		5107510.		
Revenues	This line must be completed. If the result is less than \$50,000, see General Inform	mation B	4	1,742,550.		
	5 Cost of goods sold	1.		17/12/0001		
	6 Cost or other basis, and sales expenses of assets sold	±•				
	7 Total costs. Add line 5 and line 6		7	1.		
	8 Total gross income. Subtract line 7 from line 4.	8				
	9 Total expenses and disbursements. From Side 2, Part II, line 18		9	698,706.		
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	r i i i i i i i i i i i i i i i i i i i	10	1,043,843.		
	11 Total payments.		11			
	12 Use tax. See General Information K.	•	12			
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	-	13			
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		14			
Filing Fee		-	15	10		
100	15 Filing fee \$10 or \$25. See General Information F.	-	-	10.		
	16 Penalties and Interest. See General Information J.		16			
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		17	10.		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	ents, and to the best s any knowledge.	t of my	knowledge and belief, it is true,		
Here		Date		Telephone		
	INDABONDA			331-649-3505		
	Preparer's 🕨	Check if self-				
Paid Preparer's		employed		P01341847 Firm's FEIN		
Use Only	Firm's name (or yours, if			-		
-	self-employed) 412 SOUTH MAIN STREET			20-3557376 Telephone		
	SALINAS, CA 93901			331-422-6261		
	May the FTB discuss this return with the preparer shown above? See instructions		 •	X Yes No		
	1 may and the allowed and retain that the preparet shown above to be instructions					

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23-7221588

Organizations with gross receipts of more than \$50,000 and private foundations Part II regardless of amount of gross receipts - complete Part II or furnish substitute information. 1 Gross sales or receipts from all business activities. See instructions..... 1 • 2 2 Interest 190. 3 69,724. 3 Dividends Receipts 4 Δ Gross rents from Other 5 Gross royalties 5 Sources Gross amount received from sale of assets (See Instructions)..... 6 6 7 7 761,718. Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1..... 8 8 831,632. Contributions, gifts, grants, and similar amounts paid. Attach schedule. 9 9 10 Disbursements to or for members..... 10 11 11 0. Other salaries and wages 12 12 337,883. Expenses 13 Interest 13 and Disburse-14 Taxes 14 27,274. ments Rents 15 15 45,168. Depreciation and depletion (See instructions)..... 16 16 12,549. 17 17 275,832. 18 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9..... 698,706. Schedule L **Balance Sheet** Beginning of taxable year End of taxable year (a) (b) (c) (d) Assets 17,129. 149,850. 1 Cash . 2,246. 3,350. 2 Net accounts receivable..... . 3 125,563. 110,675. 4 Inventories 5 Federal and state government obligations • 6 Investments in other bonds 2,733,316. . 3,629,555. 7 Investments in stock 8 9 Other investments. Attach schedule 657,790. 658,258 **10 a** Depreciable assets. 378,747. 266,962. **b** Less accumulated depreciation. 279,043. 391,296. 11 Land. • 714,586. 879,743. 12 3,856,995. 5,055,023 13 Total assets Liabilities and net worth . Accounts payable. 5,189. 10,266. 14 Contributions, gifts, or grants payable. 15 16 Bonds and notes payable.... . Mortgages payable. • 17 18 1. 5,044,756. 3,851,806. • Capital stock or principal fund 19 20 Paid-in or capital surplus. Attach reconciliation. . Retained earnings or income fund. 21 3,856,995. 5,055,023 Total liabilities and net worth 22 Reconciliation of income per books with income per return Schedule M-1 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 • 1,043,843. 7 Income recorded on books this year not included 1 Net income per books 2 Federal income tax. in this return. Attach schedule 8 Deductions in this return not charged 3 Excess of capital losses over capital gains. against book income this year. Income not recorded on books this year. 4 Attach schedule..... Attach schedule. **5** Expenses recorded on books this year not deducted **10** Net income per return.

BLIND & VISUALLY IMPAIRED CENTER

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1,043,843.

1,043,843.

Subtract line 9 from line 6.....

2019 Corporation Depreciation and Amortization

3885

		n 100W. FORM	1 199, COST	OF GOODS SO	LD				
Corpora		VISUALLY I		TER					on number
		FEREY COUNTY					06315	648	
Part 1		pense Certain Pro							<u> </u>
	Maximum deduction							1 2	\$25,000
	Total cost of IRC Sec Threshold cost of IRC							3	\$200,000
	Reduction in limitation		•					4	\$200,000
	Dollar limitation for t							5	
6		Description of property		(b) Cost (business		(c) Electe		-	
	(-)			((0)			
7	Listed property (elec	ted IRC Section 17	9 cost)		7				
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in column (c),	line 6 and	line 7		8	
	Tentative deduction.							9	
	Carryover of disallow							-	
	Business income lim								
	IRC Section 179 exp Carryover of disallow				E	13	I	2	
Part				reciation Deduction			356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
14	Description	Date acquired	Cost or	Depreciation	Depreciatio		Depreciati	on for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this ye	ar	year depreciation
				earlier years					depreciation
BUI	LDING	6/01/2006	132,324.	47,333.	S/L	39	3,	393.	
CHA	IRS	6/15/1992	262.	262.	200DB	5			
DES	K	8/06/1992	394.	394.	200DB	5			
FIL	E CABINET	3/06/1997	622.	662.	200DB	5			
DES	K	9/29/1997	429.	429.	200DB	5			
15	Add the amounts in a	column (g) and col	umn (h). The total	of column (h) may	not excee	d			
	\$2,000. See instructi	ons for line 14, col	umn (ĥ)	· · · · · · · · · · · · · · · · · · ·		15	12,	549.	
Part									
16	Total: If the corporat IRC Section 179 exp	ion is electing:	unt on line 12 and	ling 15 galump (a) 67				
	Additional first year of	depreciation under	R&TC Section 243	356, add the amour	ts on line	15, columns	(g) and (h) c	r	
	Depreciation (if no e							-	
	Total depreciation cla			,				17	
18	Depreciation adjustm Form 100W, Side 1,	ient. If line 17 is gi line 6. If line 17 is	less than line 16,	, enter the difference	e here and	on Form 10)u or) or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation arr	nounts are used to	determine	net income b	before	10	
Part	state adjustments on IV Amortization	Form 100 or Form	100W, no adjustn	nent is necessary.)				18	
19		(b)	(c)		4)	(0)	(6)	1	(a)
19	(a) Description	(b) Date acquire	d Cost o	r Amort	d) ization	(e) R&TC	(f) Period or		(g) Amortization
	of property	(mm/dd/yyyy) other bas	sis allowed or	r allowable	Section	percentag	e	for this year
					er years	(see instr)			
						1			
20	Total. Add the amou	nts in column (a)	1	I		<u> </u>	2	0	
	Total amortization cla								
	Amortization adjustm	•						· -	
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100) or		
	Form 100W, Side 2,	line 12		<u></u>				2	

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2019 Corporation Depreciation and Amortization

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	ch to Form 100 or For	m 100W. FORM	1 199, COST	OF GOODS SO	LD				
Corpo	ration name BLIND	& VISUALLY I	MPAIRED CEN	TER			Californi	ia corporat	ion number
		TEREY COUNTY					0631	548	
Par		pense Certain Pro						-	<u> </u>
1	Maximum deduction							1	\$25 , 000
2 3	Total cost of IRC See Threshold cost of IRC	1 1 2						2	\$200,000
4	Reduction in limitation		•					4	\$200,000
5	Dollar limitation for t							5	
6		Description of property		(b) Cost (business	1	(c) Electer			
				· · · ·					
7	Listed property (elec								
8	Total elected cost of							8	
9	Tentative deduction.							9	
10 11	Carryover of disallow Business income lim							10 11	
12	IRC Section 179 exp			•				12	
13	Carryover of disallow				-				
Par				reciation Deduction			56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g))	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciatio method	n Life or rate	Depreciat this y		Additional first year
	of property	(IIIII/dd/yyyy)		allowable in	methou	Tate	uns y	cai	depreciation
				earlier years					
		12/16/1997	912.	912.	200DB	5			
	BINET INSTALL	1/05/1998	2,666.	2,666.		5			
	NITURE	6/01/2000	5,453.	5,453.		7			
	NITURE & EQU	6/01/2006	51,820.	51,820.		5		202	
	INIC RENOVATI	6/01/2006	167,843.	53,795.	S/L	39	4	<u>,303.</u>	
15	Add the amounts in \$2,000. See instruction								
Par			umm (n)		<u></u>				
16	Total: If the corporat	ion is electina:							
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or	15			
	Additional first year of Depreciation (if no e								
17	Total depreciation cl	-							
18	Depreciation adjustr	nent. If line 17 is gi	eater than line 16,	, enter the difference	e here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12. (If Californ	less than line 16, ia depreciation am	enter the difference nounts are used to (determine	on Form 100 net income b	or efore		
	state adjustments or	n Form 100 or Form	n 100W, no adjustn	nent is necessary.).				18	
Par		1	1	ſ		1			
19	(a) Description	(b) Date acquire	d Cost o	r Amort	d) ization	(e) R&TC	(f) Period o	or	(g)
	of property	(mm/dd/yyyy		sis allowed or	allowable	Section	percenta		Amortization for this year
				in earlie	er years	(see instr)			
20	Total. Add the amou	nts in column (a)	I	I			<u> </u>	20	
20	Total amortization cl	(0)						20	
22	Amortization adjustn	•							
~~	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2,	line 12		<u></u>	<u></u>	<u></u>		22	

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	ch to Form 100 or For	m 100W. FORM	4 199, COST	OF GOODS SO	LD				
Corpo		& VISUALLY 1		TER				ia corporati	on number
		TEREY COUNTY					0631	548	
Part		pense Certain Pro						1	<u> </u>
1	Maximum deduction							1	\$25,000
2 3	Total cost of IRC Se Threshold cost of IR							3	\$200,000
4	Reduction in limitation		-					4	\$200 , 000
5	Dollar limitation for t							5	
6		Description of property		(b) Cost (business		(c) Electer			
					,,				
7	Listed property (elec	ted IRC Section 17	9 cost)		7				
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallow							10	
11 12	Business income lim IRC Section 179 exp			•				11 12	
13	Carryover of disallov				_	13		12	
Part				reciation Deduction			56		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g))	(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	n Life or	Depreciat	tion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	ear	year depreciation
				earlier years					
IME	ROVEMENTS	12/01/1993	123,961.	78,440.	S/L	40	3	,139.	
	ROVEMENTS	2/01/1994	11,915.	7,541.	S/L	40		302.	
IME	ROVEMENTS	3/01/1994	2,697.	1,495.	S/L	40		68.	
IME	ROVEMENTS	4/01/1994	1,181.	653.	S/L	40	30.		
IME	ROVEMENTS	1/01/1999	6,850.	3,102.	S/L	40		173.	
15	Add the amounts in								
D	\$2,000. See instruct	ions for line 14, co	umn (h)		<u></u>	15			
Part 16	t III Summary Total: If the corporat	tion is cleating.							
10	IRC Section 179 exp	ense. add the amo	unt on line 12 and	line 15. column (a)) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amoun	ts on line 1				
17	Depreciation (if no e Total depreciation cl								
	Depreciation adjustn								
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or							. 18	
Par									
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o			R&TC Section	Period of percenta		Amortization
	of property	(mm/dd/yyyy		in earlie		(see instr)	percenta	ye	for this year
20	Total. Add the amou	ints in column (g).						20	
21	Total amortization cl	•	•					21	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	e here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 0. II line ≥ 1 is	iess than line 20,		e nere and		or	22	



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	h to Form 100 or For	m 100W. FORM	1 199, COST	OF GOODS SO	LD				
Corpo	ation name BLIND	& VISUALLY I	MPAIRED CEN	TER			California	corporatio	on number
	OF MON	TEREY COUNTY					06315	548	
Par		pense Certain Pro							
1	Maximum deduction	under IRC Section	179 for California.					1	\$25 , 000
2	Total cost of IRC Sec							2	
3	Threshold cost of IR		-					3	\$200 , 000
4	Reduction in limitation							4 5	
<u>5</u> 6	Dollar limitation for t		act line 4 from line					5	
0	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	d cost		
- 7	Listed property (also	ted IDC Cention 17			7				
7 8	Listed property (elec Total elected cost of					lino 7		8	
9	Tentative deduction.							9	
10	Carryover of disallow							0	
11	Business income lim		1 5					1	
12	IRC Section 179 exp			•				2	
13	Carryover of disallow	ved deduction to 20	20. Add line 9 and	l line 10, less line 1	2	13			
Par	II Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciatio method	n Life or rate	Depreciati this ye		Additional first year
		(11111/00/9999)		allowable in	motiou	Tuto	this ye	a	depreciation
		- / /		earlier years					
		6/01/2006	8,305.	2,768.	S/L	39		213.	
RAN		6/01/2002	36,650.	17,048.	S/L	40		928.	
	JIPMENT	9/13/1988	257.	257.		5			
	READER	1/12/1990	865.	865.		5			
COL	PIER	12/30/1990			200DB	5			
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not excee	d			
Dave	\$2,000. See instructi	ions for line 14, col	umn (h)			15			
Par 16	t III Summary Total: If the corporat	ion in clasting							
10	IRC Section 179 exp		unt on line 12 and	line 15. column (a) or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	its on line				
17	Depreciation (if no e			1	(3)				
	Total depreciation cla Depreciation adjustm		•					. 17	
10	Form 100W. Side 1.	line 6. If line 17 is	less than line 16.	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	ia depreciation an	nounts are used to	determine	net income b	efore	10	
Par			1 TOOW, no adjustr	nent is necessary.).				. 18	
19	(a)	(b)	(c)		d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	r Amort	ization	R&ŤC	Period of		Amortization
	of property	(mm/dd/yyyy) other bas		r allowable er years	Section (see instr)	percentag	е	for this year
				in ouris	or yours				
20	Total. Add the amou	nts in column (a)	I	I			2	20	
21	Total amortization cl	(0)						1	
22	Amortization adjustn								
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2,	line 12		<u></u>				2	

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	ch to Form 100 or For	m 100W. FORM	1 199, COST	OF GOODS SO	LD				
Corpo		& VISUALLY I		TER					ration number
		TEREY COUNTY					0631	548	
Par		pense Certain Pro						1	<u> </u>
1 2	Maximum deduction Total cost of IRC Sec							1	\$25 , 000
2	Threshold cost of IRC	1 1 2						3	\$200,000
4	Reduction in limitation		•					4	<i>\\\</i> 2007000
5	Dollar limitation for t							5	
6		Description of property		(b) Cost (business	1	(c) Electe			
					,,				
7	Listed property (elec								
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallow							10 11	
11 12	Business income lim IRC Section 179 exp							12	
13	Carryover of disallow				-	13			
Par				reciation Deduction			356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciatio	n Life or	Depreciat	ion fo	r Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this ye	ear	year depreciation
				earlier years					
CON	IPUTER	8/19/1991	6,000.	6,000.	200DB	5			
	IPUTER	1/28/1992	2,400.	2,400.		5			
	LEPHONE SYSTE	7/14/1992	2,943.	2,943.		5			
	MINATION EQU	1/01/1994	18,785.	18,785.		5			
AT &	T PHONES	2/28/1994	614.	614.	200DB	5			
15	Add the amounts in								
Davi	\$2,000. See instructi	ons for line 14, col	umn (h)			15			
Par 16	t III Summary Total: If the corporat	ion is cloating:							
10	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or				
	Additional first year of	depreciation under	R&TC Section 243	356, add the amour	nts on line				
17	Depreciation (if no e Total depreciation cla								
	Depreciation adjustm		•						
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	e here and	on Form 100	or		
	Form 100W, Side 2, state adjustments on	Form 100 or Form	100W. no adjustn	nent is necessarv.)				. 18	
Par			, ,	, , , , , , , , , , , , , , , , , , ,					
19	(a)	(b)	(c)	(d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o) other bas	r Amort	ization allowable	R&TC Section	Period of percentation		Amortization for this year
	of property	(IIIII/dd/yyyy			er years	(see instr)	percentaç	ge	ior this year
							r		
20	Total. Add the amou							20	
21	Total amortization cl	aimed for federal p	urposes from fede	ral Form 4562, line	. 44			21	
22	Amortization adjustm	hent. If line 21 is g	reater than line 20	, enter the difference	ce here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,							22	
	, oldo L,								

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	h to Form 100 or For:	m 100W. FORM	1 199, COST	OF GOODS SO	LD					
Corpo	ation name BLIND	& VISUALLY I	MPAIRED CEN	TER			Califor	rnia corp	poratior	number
		TEREY COUNTY					063	1548	3	
Par		pense Certain Pro								
1	Maximum deduction							1		\$25 , 000
2	Total cost of IRC Se		•					2		+
3	Threshold cost of IR							3 4		\$200,000
4 5	Reduction in limitation							4		
6	Dollar limitation for t	÷			1			5		
0	(a)	Description of property		(b) Cost (business	use only)	(c) Electer	l cost	-		
								-		
								-		
								-		
7	Listed property (elec	ted IRC Section 17	9 cost)		7			-		
8	Total elected cost of					line 7		8	—	
9	Tentative deduction.							9		
10	Carryover of disallow							10		
11	Business income lim							11		
12	IRC Section 179 exp	ense deduction. Ad	dd line 9 and line 1	0, but do not enter	more than	n line 11		12		
13	Carryover of disallow					13				
Part	Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	56			
14	(a)	(b)	(c) Cost or	(d)	(e)	(f)	(g)	fa	(h)
	Description of property	Date acquired (mm/dd/yyyy)	other basis	Depreciation allowed or	Depreciatio method	n Life or rate	Deprecia this	year	IOI	Additional first year
	J			allowable in				J = =		depreciation
		7/10/1007	400	earlier years	00000					
	ISORMETER	7/10/1997	400.	400.	200DB	5				
	IPUTER	8/15/1997	1,185.	1,185.		5				
	INTER	9/29/1997	262.		200DB	5				
	IUMIDIFIER	9/29/1997	236.		200DB	5				
	JIPMENT	1/01/1999	6,850.	6,850.		5				
15	Add the amounts in									
Par	\$2,000. See instruct	ions for line 14, co	umn (n)	<u></u>		15				
16	Total: If the corporat	ion is alacting:								
10	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or					
	Additional first year Depreciation (if no e								16	
17	Total depreciation cl				,				17	
									.,	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or			
	Form 100W, Side 2, state adjustments or							-	18	
Par				nent is necessary.						
19	(a)	(b)	(c)	(d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o	r Amort	ization	R&TC	Period			Amortization
	of property	(mm/dd/yyyy) other bas		^r allowable er years	Section (see instr)	percent	age		for this year
					. ,	(222				
									1	
20	Total. Add the amou	nts in column (a)		·····				20		
21	Total amortization cl	(5)						21	1	
	Amortization adjustn	nent. If line 21 is a	reater than line 20.	. enter the difference	ce here and	d on Form 10	0 or	<u> </u>		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or			
	Form 100W, Side 2,	line 12						22		

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3885

	ch to Form 100 or For	m 100W. FORM	4 199, COST	OF GOODS SO	LD					
Corpo	ration name BLIND	& VISUALLY 1	MPAIRED CEN	TER			Califor	rnia cor	poration	n number
		TEREY COUNTY					063	1548	3	
Par		pense Certain Pro							1	
1	Maximum deduction							1		\$25 , 000
2	Total cost of IRC Se							2		
3	Threshold cost of IR							3		\$200,000
4 5	Reduction in limitation							4		
6	Dollar limitation for t	· · · · · · · · · · · · · · · · · · ·			1			5	1	
0	(a)	Description of property		(b) Cost (business	use only)	(c) Electer		-		
								-		
								-		
								-		
7	Listed property (elec	ted IPC Section 17	(9 cost)		7			-		
8	Total elected cost of					line 7		8	1	
9	Tentative deduction.							9		
10	Carryover of disallow							10		
11	Business income lim							11		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	n line 11		12		
13	Carryover of disallow					13				
Part	t II Depreciation ar	nd Election of Addit	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	356			
14	(a) Description	(b) Date acquired	(c) Cost or	(d)	(e)	(f)	(Depreci	g)	for	(h)
	of property	(mm/dd/yyyy)	other basis	Depreciation allowed or	Depreciation method	n Life or rate		vear	101	Additional first year
	1 1 3			allowable in				5		depreciation
0.00		F (01 (1000	F (F0	earlier years	20000					
	TICE EQUIPMEN	5/01/1999	5,659.	5,659.		5				
	IPUTER EQUIPM	6/01/2004	4,473.	4,473.		5				
	IERA	6/01/2004	24,500.	24,500.		5				
	IER EQUIPMENT	6/01/2004	2,368.	2,368.		5				
	10 EQUIPMENT	6/01/2004	24,901.	24,901.		1				
15	Add the amounts in	column (g) and col	umn (h). The total	of column (h) may	not excee	d 15				
Parl	\$2,000. See instruct			<u></u>						
	Total: If the corporat	ion is electing.								
	IRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15, column (g) or					
	Additional first year Depreciation (if no e								16	
17	Total depreciation cl	•							17	
	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and	on Form 100	or			
	Form 100W, Side 2, state adjustments or								18	
Par				nent is necessary.						
19	(a)	(b)	(C)	(d)	(e)	(f)			(g)
	Description	Date acquire	d Cost o	r Amort	ization	R&TC	Period			Amortization
	of property	(mm/dd/yyyy) other bas	in earlie	allowable	Section (see instr)	percent	age		for this year
					J					
20	Total. Add the amou	nts in column (a)		I				20		
21	Total amortization cl	(5)						21		
	Amortization adjustn									
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	here and	on Form 100	or			
	Form 100W, Side 2,	line 12						22		

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California S	Statements
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2019

Blind & Visually Impaired Center of Monterey County Page 1

Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events Other Investment Income Program Service Revenue Sales of client supplies					70,647. 612,081. 31,505. 47,485. 761,718.
Form 199, Part II, Line 11 Compensation of Officers, Directors, Tr	ustees and Key Employee	S			
Current Officers:	Title and Average Hours Per Week Devoted	Total Comper 1 satio	- buti	tri- on to <u>& DC _</u>	Expense Account/ Other
Becky Stewart 4411 Yardarm Court Soquel, CA 95073	Secretary O	\$	0.\$	0. \$	ş O.
Dr. Ken Hunter 565 Pine Ave Pacific Grove, CA 93950	President 1.00		0.	0.	0.
Alissa Whittle 225 Laurel Ave Pacific Grove, CA 93950	Treasurer 2.00		0.	0.	0.
Tom Gardner 1132 Wellington Court Salinas, CA 93906	Vice President 5.00		0.	0.	0.
	Tota	1 \$	0.\$	0.	<u> </u>
Statement 3 Form 199, Part II, Line 17 Other Expenses Advertising and Promotion. Client activities Client supplies Client transportation. Country Store Credit card fees. Dues & Subscriptions. Employee recruitment. Equipment. Greenwaste. Ground maintenance. Gump. Insurance Janitorial supplies.				· · · · · · · · · · · · · · · · · · ·	5,840. 26. 41,568. 1,745. 75. 497. 1,090. 7,107. 155. 1,028. 17,795. 15,204. 73,095. 128. 4,086.

California Statements

Blind & Visually Impaired Center of Monterey County Page 2

23-7221588

Statement 3 (continued) Form 199, Part II, Line 17 Other Expenses	
Legal Fees. Low Vision clinic expense Measure X Miscellaneous Newsletter. Office Expenses Other fees Payroll expenses. Pension Plan Contributions Postage and Shipping. Professional Development Recognition Support campaign Telephone Travel. Utilities Water & sewer Total	<pre>\$ 8,930. 3,850. 10,177. 3. 2,995. 14,251. 24,583. 185. 4,588. 805. 6,032. 4,003. 2,818. 6,333. 9,118. 5,829. 1,893. \$ 275,832.</pre>
Statement 4 Form 199, Schedule L, Line 12 Other Assets Beneficial Interest Community Foundation Payroll liabilities Unconditional Promise to Give	108,495. 15,695. 755,553. 879,743.
Statement 5 Form 199, Schedule L, Line 18 Other Liabilities	
Rounding	<u>1.</u> <u>1.</u>

STATE OF CALIFORNIA RRF-1					DEPARTMENT OF JU		A liberty
(Rev. 09/2017) IN						1 of 5	
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400	TO A	REGISTRATION REN TTORNEY GENERAL	OF CALIFO	ORNIA	(For Registry Use	Only)	An OS PANY MEN
STREET ADDRESS: Sections 12586 and 12587, California Government Code 1300 Street 11 Cal. Code Regs. sections 301-306, 309, 311, and 312							
Sacramento, CA 95814 (916) 210-6400		nit this report annually no later than four i ccounting period may result in the loss of					
WEBSITE ADDRESS: minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.							
BLIND & VISUALLY IMP OF MONTEREY COUNTY	AIRED CEN	TER	Check if:				
Name of Organization			Change of				
List all DBAs and names the organization u	uses or has used			ероп			
225 LAUREL AVE			State Charity I	Registration Num	ber <u>027151</u>		
Address (Number and Street) PACIFIC GROVE, CA 93 City or Town, State and ZIP Code	950		_ Corporation or	Organization No	o. <u>0631548</u>		
831-649-3505					7001500		
Telephone Number	E-mail Ad			oyer ID No. 23			
ANNUAL H	EGISTRATION	RENEWAL FEE SCHEDULE (11 C Make Check Payable to Depa			11, and 312)		
Gross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>Fee</u>	Gross Annual I	Revenue	F	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,00 Between \$250,001 and \$1 mill			0,001 and \$10 millior 00,001 and \$50 millio 50 million	on \$	150 225 300
						т	
PART A – ACTIVITIES For your most recent full a	accounting peri	iod (beginning 1/01/1	9 ending	12/31/19) list:		
-						F 0.2	
		9. Noncash Contributions			ssets \$ <u>5,05</u>	5,02	<u>23.</u>
Program Ex	penses \$	0.	Total Expenses	s \$ <u>698</u>	8,706.		
PART B – STATEMENTS	REGARDIN	G ORGANIZATION DURIN	IG THE PERI	OD OF THIS F	REPORT		
Note: All questions must be an providing an explanation		answer "yes" to any of the ques r each "yes" response. Please re				Yes	No
1 During this reporting period, v officer, director or trustee thereof, e	vere there any either directly o	contracts, loans, leases or other financi or with an entity in which any su	al transactions betw ch officer, director o	veen the organiza r trustee had any f	ation and any inancial interest?		X
2 During this reporting period, v	vas there any t	heft, embezzlement, diversion o	r misuse of the o	organization's charital	ble property or funds?		Х
3 During this reporting period, v	vere any organ	ization funds used to pay any po	enalty, fine or ju	dgment?			Х
4 During this reporting period, v coventurer used?	vere the service	es of a commercial fundraiser, fundra	aising counsel fo	r charitable purposes	, or commercial		Х
5 During this reporting period, c	lid the organiza	ation receive any governmental	funding?	SEI	E STATEMENT 1	Х	
6 During this reporting period, o	lid the organiza	ation hold a raffle for charitable	purposes?			Х	
7 Does the organization conduc	t a vehicle don	ation program?					Х
8 Did the organization conduct generally accepted accounting	an independent g principles for	t audit and prepare audited final this reporting period?	ncial statements	in accordance w	ith		Х
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							Х
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my know and belief, the content is true, correct and complete, and I am authorized to sign.							ge
	AT.T	SSA WHITTLE	TREASURER				
Signature of Authorized Agent		I Name	Title		Date		

2019

Blind & Visually Impaired Center of Monterey County Page 1

23-7221588

Statement 1 Form RRF-1, Part B, Line 5 Government Agency That Provided Funding

Two (2) Government Grant

(1) Department of Rehabilitation 721 Capital Mall Sacramento, CA 95814 Contact: Chris Gist 1-916-558-5484
(2) Disability Communications Fund 1333 Broadway Suite 600 Oakland, CA 94612 Contact: Silke Brendel-Evan Associate Program Officer 1-800-240-6182

Form	99	0
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(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2019

B rock t agoldabit C C Did 6 V Isually Impaired Center Did composition under I rock t agoldabit Bill of 6 V Isually Impaired Center Did composition under 23-7221588 I rock t agoldabit Pacific Grove, CA 93950 Bill of 6 V Isually Impaired Center Bill of 6 V Isually Impaired Center I rock t agoldabit Pacific Grove, CA 93950 Bill of 6 V Isually Impaired Center Bill of 6 V Isually Impaired Center I rock t agoldabit F Terms and address of process inform Bill of 6 V Isually Impaired Center Web 1 Pill address Impaired Impaired Center I rock t agoldabit Mill of 6 V Isua address of process inform Isua address Impaired Impai	Α	For the	2019 calen	dar year, or tax year beginning , 2019, and endir	ıg			,	
 	В	Check if a	oplicable:	C	-	D Employ	/er iden	tification number	
 		Addre	ess change	Blind & Visually Impaired Center		23-	7221	588	
Bit and return the main return the return the main return the main return the return the main return the return the main return the ret									
Image: transmission of the standard of the stan			-	225 Laurel Ave		831	-649	-3505	
Application particle Image: Second Secon				Pacific Grove, CA 93950		001	040	3303	
Implementation in the interpretation of the the span number in the interpretation of the the span number is the interpretation of the the span number is the interpretation of the interpretation in the interpretation of the interpretation in the interpretation of th						G Gross r	eceints	\$ 1 742	550
Same As C Above Mode Are all science includent processes of the proceses of the processes of the processes of the procesese				F Name and address of principal officer:	H(a) Is this a				137
Image: The element status: ¥ (1910(3) ↓ 1910(5) ↓ 1 (1910) ↓ 1 (1910) ↓ 1 (1910) ↓ 1 (1910) ↓ 1 (1910) ↓ 1 (1910) ↓ 1		, the second sec	cation penaing						
Website: • www_blindandlowvision.org website: • www_blindandlowvision.org website: • website: • www_blindandlowvision.org K Four of organizations Total Association Other • Livear of tomator: 1971 M state of regularce: CA Part I Summary Impact of independent invision or most significant activities: To empower the blind and visually impact of xite of independent invision or most significant activities: To empower the blind and visually independent votage members of the governing body (Part Vi, line 1a) 3 12 3 Number of independent votage members of the governing body (Part Vi, line 2a) 3 12 5 Total number of outgendent votage members of the governing body (Part Vi, line 2a) 3 3 12 4 Number of independent votage members of the governing body (Part Vi, line 2a) 3 3 12 5 Total number of numbers of independent votage members of the governing body (Part Vi, line 2a) 3 12 12 5 Total number of independent votage members of the governing body (Part Vi, line 2a) 3 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 1	ī	Tax-exe	mnt status.		lf "No,"	attach a list	. (see ir	structions)	
K Torust Association Toust Association Other + L Year of tormator: 1971 M State of legal and visually 1 Breitly describe the organization's mission or most significant activities:To_empower the billind and visually 1 Breitly describe the organization's mission or most significant activities:To_empower the billind and visually 2 Check this box + iff the organization discontinued its operations or disposed of more than 25% of its net assets. 2 4 Number of voting members of the governing body (Part V, line 1a). iff additional and visually iff additional and visually 4 Number of individuals employed in calendar year 2019 (Part V, line 2a). iff additional and visually iff additional and visually 6 42 Number of individuals employed in calendar year 2019 (Part V, line 2a). iff additional and visually iff additional and visually 7a Total unnelated business taxable income from Port 900-T, line 39 iff additional and visually income (Part VIII, column (A), line 3, 4, and 70). 92,354. 681.995. 10 Investment income (Part VIII, column (A), lines 4, 4, and 70). 92,354. 681.995. 11,31.31.31.505. 11 Other evene (Part VIII, column (A), lines 4, 4, and 70). <	÷		1		H(c) Group	evernation n	umber	•	
Part I Summary Image of the organization's mission or most significant activities: To empower the blind and visually impaired toward independent living through responsive education, support services and skills training. 2 Check this box • [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 12 4 12 Aumber of independent voting members of the governing body (Part VI, line 2a). 5 7 5 Total number of independent voting members of the governing body (Part VI, line 2a). 6 42 7a Total number of numbers of the governing body (Part VI, line 2a). 6 42 7a Total number of numbers of the governing body (Part VI, line 2a). 7 6 9 Prior Year Current Year 7 0 9 Prior Year Current Year 613, 912. 910, 918. 9 Prior Year Current Year 613, 912. 910, 918. 9 Prior Year Current Year 68, 895. 118, 131. 10 Investment income (Part VIII, column (A), lines 3, 4, and 70. 9, 324. 681, 995. 96, 324. 681, 995. <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>1</th></t<>									1
and skills Training. 2 Check this box * _ if the organization's mission or most significant activities: To_empower_the blind_and_visually	_		-		1011. 197.		State Of		1
impaired toward independent living through responsive education, support services and skills training. 2 Check this box * if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 12 4 Integendent voting members of the governing body (Part VI, line 1a). 4 12 5 Total number of individuals employed in calendar year 2019 (Part VI, line 1a). 5 77 7a Total number of voting members of the governing body (Part VI, line 1a). 6 42 7a Total number of individuals employed in calendar year 2019 (Part VI, line 1a). 6 42 7a Total number of voting members of the governing body (Part VI, line 1b). 5 77 70 7a Total number of voting members of the governing body (Part VI, line 1a). 6 42 42 7a Total number of voting members of the governing body (Part VI, line 2b). 7a 0 91 <th>10</th> <th></th> <th></th> <th></th> <th>r the l</th> <th>hlind</th> <th>and</th> <th>visually</th> <th></th>	10				r the l	hlind	and	visually	
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at Number of independent voting members of the governing body (Part V, line 1b)	nce	a				<u></u>	Jupp	010 00111	
at Number of independent voting members of the governing body (Part V, line 1b)	rna								
at Number of independent voting members of the governing body (Part V, line 1b)	SVe	2 CI	heck this bo	ox ► if the organization discontinued its operations or disposed of m	ore than 2	5% of its	net as	ssets.	
b Net unrelated business taxable income from Form 990-T, line 39. Tb O. 8 Contributions and grants (Part VIII, line 1h) 613, 912. 910, 913. 9 Program service revenue (Part VIII, line 1h) 613, 912. 910, 913. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9, 354. 681, 995. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 721, 490. 1, 742, 549. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1 1 1, 742, 549. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 320, 083. 369, 745. 14 Benefits paid to or for members (Part IX, column (A), line 21). 320, 083. 369, 745. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 320, 083. 369, 745. 15 Solaries expenses (Part IX, column (A), line 11a-111. 117.24e) 429, 887. 328, 961. 18 Total expenses (Part IX, column (A), line 12. -28, 480. 1, 043, 843. Beginning of Curret Yee End Yee -28, 480. 1, 043, 843. Beginning of Curret Yee End Yee -28,	ğ						-		
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B Contributions and grants (Part VIII, line 1h)	4								
8 Contributions and grants (Part VIII, line 1h)		DIN					70	Current V	
9 Program service revenue (Part VIII, lone 2g)		8 Co	ontributions	and grants (Part \/III_line 1b)			12		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	venue								
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)									
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Be								
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 320,083. 369,745. 16a Professional fundraising expenses (Part IX, column (D), line 11e) b 429,887. 328,961. 17 Other expenses (Part IX, column (D), line 11a-11d, 11f-24e) 429,887. 328,961. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749,970. 698,706. 19 Revenue less expenses. Subtract line 18 from line 12 749,970. 698,706. 20 Total assets (Part X, line 16) 75,189. 10,043,843. 21 Total assets (Part X, line 26) 5,189. 10,267. 22 Net assets or fund balances. Subtract line 21 from line 20		13 G	rants and s	imilar amounts paid (Part IX, column (A), lines 1-3)					<u>,</u>
If a Professional fundraising fees (Part IX, column (A), line 11e)		14 Be	enefits paid	I to or for members (Part IX, column (A), line 4)					
If a Professional fundraising fees (Part IX, column (A), line 11e)		15 Sa			-				.745.
17 Other expenses (Part X, column (A), lines TIA-110, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, T	ses	16a Pr	rofessional	fundraising fees (Part IX, column (A), line 11e)					/
17 Other expenses (Part X, column (A), lines TIA-110, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, TIT-240, TIA-10, TIA-10, TIT-240, TIA-10, T	Sen o	h To							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Ä	17 0		· · · · · · · · · · · · · · · · · · ·		400 0	07	220	0.01
19 Revenue less expenses. Subtract line 18 from line 12					-				
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) Beginning of Current Year End of Year 3,856,995. 5,055,023. 5,189. 10,267. 22 Net assets or fund balances. Subtract line 21 from line 20 3,851,806. 5,044,756. Part II Signature Block 3,851,806. 5,044,756. Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Date Type or print name and title Preparer's signature Preparer Date Print/Type preparer's name Preparer's signature Horace B. Ingraham, EA Horace B. Ingraham, EA Polastites, CPAs Firm's name Ingraham & Associates, CPAs Firm's elin<* 20-3557376 Salinas, CA 93901 May the IRS discuss this return with the preparer shown above? (see instructions)									
20 Total assets (Part X, line 16)	_ <i>o</i>		evenue less						
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Sign Here Signature of officer) is based on all information of which preparer has any knowledge. Signature of officer Date Alissa Whittle Treasurer Type or print name and title Preparer's signature Paid Preparer Use Only Print/Type preparer's name Preparer's signature Firm's name Ingraham, EA Horace B. Ingraham, EA Poll Poll A41847 Firm's name Ingraham & Associates, CPAs Firm's EIN ► 20-3557376 Salinas, CA 93901 Phone no. 831-422-6261 Mo May the IRS discuss this return with the preparer shown above? (see instructions)									
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Salinas, CA 93901 Phone no. 831-422-6261 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No						Firm's EIN	▶ 20	-3557376	
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		,							
	Ma	y the IRS	S discuss th						No

Form 9	90 (2019)	Blind & Visu	ually Impaired	d Center	23	-7221588	Page 2
Part I			m Service Accor				
	Check	if Schedule O conta	ains a response or ne	ote to any line in this Par	t III		Х
1 B	Briefly describ	e the organization	's mission:				
I	<u>ro empowe</u>	<u>er the blind</u>	and visually	impaired toward	<u>l_independent_living</u>	through	
r	responsi	ve education	, support ser	vices and skills	_training		
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0	· - 4		· · · · · · · · · · · · · · · · · · ·		Is success and the test of the section		
	-				h were not listed on the prior		V No
		be these new service				Yes	X No
				ficant changes in how it c	conducts, any program services?	2 Yes	X No
	-	be these changes or		near changes in now it c	conducts, any program services.		A NO
		-		ishments for each of its th	nree largest program services, a	is measured by e	xpenses.
S	Section 501(c)(3) and 501(c)(4)	organizations are rec	uired to report the amour	nt of grants and allocations to of	thers, the total ex	penses,
a	na revenue,	ii any, ior each pro	ogram service reporte	20.			
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4e∣o BAA	utai program	service expenses	► 56	4,454.		Form	990 (2019)
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Form 990 (2019) Blind & Visually Impaired Center
Part IV Checklist of Required Schedules

1 41	oneckist of required benedules		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	NO				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i> .	3		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' 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 'Yes,' complete Schedule D, Part II</i>	7		Х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes</i> ,' <i>complete Schedule D, Part III.</i>	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? <i>If 'Yes,' complete Schedule D, Part V.</i>	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.							
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х					
t	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.	11 b		Х				
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х				
c	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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х					
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х				
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х				
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х				
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х				
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .	18	Х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х				
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	19 20a		X				
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х				
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Form 990 (2019)

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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	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	 24a		X
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		ļ
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
	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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	• A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	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		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a3b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			_
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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Part IV	Chec	klist of I	Re	quired Sche	dules	(con	tinued)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Image: State in the number of employees reported on Form W-3, Transmittal of Wage and Tax State in the state of the state in the state of the state in the state of the st		019) Blind & Visually Impaired Center 23-72215	88	I	Page 5
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b If at least one is reported on line 2a, duit the organization file all required devial employment tax returns? 2b X A at write and lines 1a and 2a is greater than 250, you may be required to e-Mice Gee instructions) 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization in a park to orbit \$1,000 or more during the xyear? 5a but the organization in a park to orbit \$1,000 or \$1,000 or more a park to a prohibit dat xet the name of the oregin cannet, the park tax the transaction? 5a V b U dary taxable park putty the organization that it was to is a park to a prohibit dat xet the organization in a park or a prohibit dat xet the organization and the organization and the organization and the write of the fore mass to a park the standard the organization and the write orbit and the twe write the xet during the year? 5a X c If Wes, to it the organization in thit was or is a park to a prohibit dat xet the organization and the write orbit and the argument of the value of the value of the standard the organization and the twe set of the organization and the write orbit and the standard the organization and the twe set of the organization andity for goods and seredus fordowed to for park and the				Yes	No
b If at least one is reported on line 2a, duit the organization file all required devial employment tax returns? 2b X A at write and lines 1a and 2a is greater than 250, you may be required to e-Mice Gee instructions) 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization in a park to orbit \$1,000 or more during the xyear? 5a but the organization in a park to orbit \$1,000 or \$1,000 or more a park to a prohibit dat xet the name of the oregin cannet, the park tax the transaction? 5a V b U dary taxable park putty the organization that it was to is a park to a prohibit dat xet the organization in a park or a prohibit dat xet the organization and the organization and the organization and the write of the fore mass to a park the standard the organization and the write orbit and the twe write the xet during the year? 5a X c If Wes, to it the organization in thit was or is a park to a prohibit dat xet the organization and the write orbit and the argument of the value of the value of the standard the organization and the twe set of the organization and the write orbit and the standard the organization and the twe set of the organization andity for goods and seredus fordowed to for park and the	2 a Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
Note: It is and fines 1a and 2a is greater than 250, your may be required to <i>e-file</i> (see instructions) Image: The second seco			7	V	
3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X 4 A At ary, the a title a form 90-1 for this year? if W to fine X, provide an explanation as Scholds 0. 3 b 4 A At ary, the a during the calender year, did the organization have an interest in on a signature or other authority over, a 3 b 4 a At ary, the a during the calender year, did the organization have an interest in on a signature or other authority over, a 4 a 5 W to the organization a party to a prohibited tas shelter transaction at any time during the tax year? 5 a 5 W to the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt were not also declube contributions? 5 a 5 Did any taxable party notify the organization that it was or is a party to a prohibited tas shelter transaction? 5 b 5 C Cost the organization include with every solicitation an express statement that such contributions and ergenomization and party for goods and services provided to the payon. 6 b 7 Organizations that may receive deductible contributions under section 170(c). 7 b 7 c a U the organization notify the doner of the value of the goods or services provided? 7 c X 6 U the organization notify the doner of the value of the goods or services provided? 7 c X 6 U the organization notify the doner of the value of the goods and services provide? <t< td=""><td></td><td></td><td>. <u>2</u>b</td><td></td><td></td></t<>			. <u>2</u> b		
b If Yes; has it list a form 90-T for this yea? If No' to be 2b, provide an exploration an Schedule 0. 3b a A lary fine during the calendar year, dd He organization have an inferest in, or a signature or other adfinitivy over, a financial account If a foreign 0 a trank account, securities account (or other financial account)? 4a b If Yes; retire the name of the foreign country securities accounts (FBAR). 5a Xa 5a Was the organization a party to a prohibited tax shellst transaction at any time during the tax year? 5a Xa b Did any taxable party notify the organization that was or is a party to a prohibited tax shellst transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that? 5b X Sa X b Did any taxable party notify the organization the error BBS6 T2. 5a Sa X b If Yes; to the approximation include with every solicitation an express statement that such contributions and the organization relative error BBS6 T2. 5a X b Did the organization notify the donor of the value of the gala party as a prohibited tax shellst transaction? 7b Zx d Did the organization notify the donor of the value of the gala party as a contribution and party for globa and services provided? 7c X D If Yes; indicate the number of forms 8282 filed during the year? 7d 7d X					v
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a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(2) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12. 10 b 11 Section 501(c)(2) organizations. Enter: 10 b a Gross income from members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 12 b a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,00,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 14 b 15 Is the organization and file Form 4720, Schedule N. 14 b			. 8		
a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(2) organizations. Enter: 10 a a Initiation fees and capital contributions included on Part VIII, line 12. 10 b 11 Section 501(c)(2) organizations. Enter: 10 b a Gross income from members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 12 b a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 b b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14 a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,00,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 14 b 15 Is the organization and file Form 4720, Schedule N. 14 b	9 Spons	oring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a 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: 11a a Gross income from members or shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 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. 13a a 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. 13a b Enter the amount of reserves on hand. 13c c Enter the amount of reserves on hand. 13a 14a Did the organization subject to the section 4960 tax on payments? If 'No,' provide an explanation on Schedule O. 14a 5 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	a Did the	e sponsoring organization make any taxable distributions under section 4966?	. 9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b Did the	e sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b)	
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: a Gross income from members or shareholders 11a b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(2(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	10 Sectio	n 501(c)(7) organizations. Enter:			
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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. 13a a 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. 13b b Enter the amount of reserves the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 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 If 'Yes,' see instructions and file Form 4720, Schedule N. 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	0		12 a		
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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?	14a Did the	e organization receive any payments for indoor tanning services during the tax year?	. 14a		Х
excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X	b If 'Yes	,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	. 14b		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	excess	parachute payment(s) during the year?	. 15		Х
			16		X

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	iges (on	
Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 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. 1 a 12 b Enter the number of voting members included on line 1a, above, who are independent 1 b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 1			V
officer, director, trustee, or key employee?	2		Х
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders?See.Schedule.Q 	5	Х	Х
 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule. O	0 7a		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	Х	
b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Section B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Co	ode.)
		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a		Х
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a Has the organization provided a complete conv of this Form 990 to all members of its governing body before filing the form?	11 a	Х	1

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O					
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х			
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See. Schedule . Q	12c	Х			
13 Did the organization have a written whistleblower policy?	13	Х			
14 Did the organization have a written document retention and destruction policy?	14	Х			
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a The organization's CEO, Executive Director, or top management official. See Schedule. 0	15a	Х			
b Other officers or key employees of the organization	15b		Х		
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).					
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
taxable entity during the year?	16 a		Х		
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
organization's exempt status with respect to such arrangements?	16 b		L		
Section C. Disclosure					

17	List the states with which a	сору	of this Form	990 is re	quired to be filed ►	
----	------------------------------	------	--------------	-----------	----------------------	--

None 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.

 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule O)

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	e to
	the public during the tax year.	See Schedule O	
~~	Otata dia mandri additi a successi dal talenda and	and a state was a sub- was a state that a supervise the base of a state of the stat	

State the name, address, and telephone number of the person who possesses the organization's books and records ► 20 Cheri 225 Lau<u>rel Ave</u> Pacific Grove CA 93950 831-649-3505

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	st Compensated Employe	es, and					
Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir organization's tax year.	ng with or within the						
• List all of the organization's current officers, directors, trustees (whether individuals or organiz	ations), regardless of amount of						

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Х Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title		is	s both dire	an o ector/	officer /truste	-		(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Becky Stewart	0									
Secretary	0	Х		Х				0.	0.	0.
_(2) Dr. Ken Hunter								0	0	0
President	0	Х						0.	0.	0.
<u>(3)</u> <u>Alissa Whittle</u> Treasurer	<u>2_</u>	Х		Х				0.	0.	0.
(4) Tom Gardner	5									
Vice President	0	Х		Х				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
		!								
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Pa	t VII Section A. Officers, Directors, Tru	stees, I	Key	Em	plo	bye	es, a	ano	d Highest Com	pensated Emp	loyees (continued)
		(B)			(0	•					
	(A) Name and title	Average hours per	box,	, unles	ss pe	erson	e than is both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list any hours	or c	Insti	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
		for related	Individual or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer			and related organizations
		organiza - tions below	il trus	nal tru		loyee) ompe				
		dotted line)	stee	Jstee			insate				
							ğ				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
<u>~~</u>											
(24)											
(25)											
	Subtotal							►	0.	0.	0.
	Total from continuation sheets to Part VII, Section							•	0.	0.	0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited								0. more than \$100.00	0.	0.
2	from the organization \blacktriangleright 0		15100	4001	(0)	110		vcu			
											Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										. 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	reportabl r than \$1	le co 50,00	mpe 00?	nsa If 'γ	tion ′ <i>es,</i>	and ' <i>com</i>	oth ple	er compensation te Schedule J for	from	. 4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes</i> ,	e compen	isatio	n fro	om a	anv	unre	late	d organization or	individual	
Sec	tion B. Independent Contractors							,			
1	Complete this table for your five highest compens compensation from the organization. Report compens	sated inde sation for	epeno the ca	dent alenc	cor dar ۱	ntrao vear	ctors endii	tha ng v	t received more the transformed to the termination of term	nan \$100,000 of ganization's tax year	
	(A) Name and business addr					jeu	onun		(B) Description of	Ī	(C) Compensation
											· .
2	Total number of independent contractors (including be \$100,000 of compensation from the organization		ited to	o tho	se l	isteo	abov	ve)	who received more	than	

Form 990 (2019) Blind & Visually Impaired Center

Part VIII Statement of Revenue

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				(A) Total revenue	(B)	(C)	_ (D)
				lotal revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under sectio 512-514
	a Federated campaigns	1 a					
	Membership dues	1 b	950.				
	c Fundraising events	1 c					
C	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in	1 f	909,968.				
	lines 1a-1f.	1 g					
ł	n Total. Add lines 1a-1f		►	910,918.			
			Business Code				
	<u>Low Vision Fees</u>		900099	21,645.	21,645.		
	• <u>Country Store</u>			9,287.	9,287.		
•	Lunches			573.	573.		
•	۵						
e	•						
	All other program service revenue						
Ģ	g Total. Add lines 2a-2f			31,505.			
3	Investment income (including divide other similar amounts)	• • • •	▶	681,995.	681,995.		
4	Income from investment of tax-ex						
5	Royalties		(ii) Personal				
6.	a Gross rents 6a	aı	(II) Personal				
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)		▶				
	(i) Securit		(ii) Other				
7 a	a Gross amount from sales of assets	1005					
_	other than inventory 7a						
t	b Less: cost or other basis and sales expenses 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)		▶				
		Γ					
	(not including \$	_					
	of contributions reported on line 1c).						
-	See Part IV, line 18	8	1070171				
	b Less: direct expenses	8	-				
	c Net income or (loss) from fundrai	sing	events 🕨	70,647.			
9 a	a Gross income from gaming activities. See Part IV, line 19	9	_				
	b Less: direct expenses	9					
	c Net income or (loss) from gaming	-					
			viuc3				
10a	a Gross sales of inventory, less returns and allowances	10	a				
ŀ	b Less: cost of goods sold	10					
	c Net income or (loss) from sales of		- 1.	-1.	-1.		
			Business Code	-1.	-1.		
11 a	a Sales of client supplies		446199	47,485.	47,485.		
	o <u>sares or crient suppites</u>		770133	41,403.	47,403.		
							1
	d All other revenue						
	d All other revenue		►	47,485.			

16	Occupancy	45,168.	
17	Travel	9,118.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings		
20	Interest		
21	Payments to affiliates		
22	Depreciation, depletion, and amortization	12,549.	
23	Insurance	73,095.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		
a	Client supplies	41,568.	
	• Ground maintenance	17,795.	
c	: Gump	15,204.	
	Measure X	10 177	

Form 990 (2019) Blind & Visually Impaired Center Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX.

	Check if Schedule O contains a				
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	337,883.	304,065.	33,818.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,588.		4,588.	
9	Other employee benefits				
10	Payroll taxes	27,274.	24,547.	2,727.	
11	Fees for services (nonemployees):	i	i	i	
a	Management				
	Legal	8,930.	6,251.	2,679.	
c	Accounting.	0,0001	0,2021		
c	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column	04 500	1 - 000		
10	(A) amount, list line 11g expenses on Schedule O.)	24,583.	17,208.	7,375.	
	Advertising and promotion	5,840.	4,672.	1,168.	
13	Office expenses	14,251.		14,251.	
14	Information technology				
15	Royalties				
16		45,168.	31,618.	13,550.	
17	Travel	9,118.	7,294.	1,824.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,549.	11,294.	1,255.	
23	Insurance	73,095.	51,167.	21,928.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	<u>Client supplies</u>	41,568.	41,568.		
	<u>Ground maintenance</u>	17,795.	8,898.	8,897.	
	<u> </u>	15,204.	15,204.		
c	Measure X	10,177.	10,177.		
	All other expenses.	50,683.	30,491.	20,192.	
25	Total functional expenses. Add lines 1 through 24e	698,706.	564,454.	134,252.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
RΔΔ					Form 990 (2019)

Form 990 (2019) Blind & Visually Impaired Center Part X Balance Sheet

10		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		16,526.	1	91,641.
	2	Savings and temporary cash investments		603.	2	58,209.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,246.	4	3,350.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5		
	6	Loans and other receivables from other disqualified pe	-			
	Ū	section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use		110,675.	8	125,563.
Assets	9	Prepaid expenses and deferred charges		110,075.	9	125,505.
As	-					
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 658,258.			
		Less: accumulated depreciation.		279,043.	10 c	266,962.
		Investments – publicly traded securities		2,733,316.	11	3,629,555.
		Investments – other securities. See Part IV, line 11.		27,0070101	12	
	13	Investments – program-related. See Part IV, line 11.	E E E E E E E E E E E E E E E E E E E		13	
	14	Intangible assets.	-		14	
	15	Other assets. See Part IV, line 11		714,586.	15	879,743.
	16	Total assets. Add lines 1 through 15 (must equal line		3,856,995.	16	5,055,023.
	17	Accounts payable and accrued expenses		5,189.	17	10,266.
	18	Grants payable			18	
	19	Deferred revenue	-		19	
~	20	Tax-exempt bond liabilities			20	
ie	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	icer, director, trustee, itor, or 35% rsons		22	
	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to related third parties, plete Part X of Schedule D.		25	1.
	26	Total liabilities. Add lines 17 through 25		5,189.	26	10,267.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	×► X			
an	27	Net assets without donor restrictions		3,143,978.	27	4,171,187.
Ba	28	Net assets with donor restrictions	-	707,828.	28	873,569.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
5	29	Capital stock or trust principal, or current funds			29	
ŝ	30	Paid-in or capital surplus, or land, building, or equipm			30	
SSE	31	Retained earnings, endowment, accumulated income,			31	
-				2 051 000	-	
4	32	Total net assets or fund balances		3,851,806.	32	5,044,756.

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Form 990 (2019)

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Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,742,	549.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	698,	
3	Revenue less expenses. Subtract line 2 from line 1	. 3	1,043,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	3,851,	
5	Net unrealized gains (losses) on investments	. 5	149,	
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	. 10	5,044,	756.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
2			2 a	Л
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revier separate basis, consolidated basis, or both:	wed on a		
	Separate basis, Consolidated basis, or both.			-
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa		20	
	basis, consolidated basis, or both:	late		
	Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc	it.		
	review, or compilation of its financial statements and selection of an independent accountant?	· · · · · · · · · · · · · · ·	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
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			OMB No. 1545-0047					
	EDULE A 990 or 990-EZ)	Com	plete if the organizat	ty Status and P ion is a section 501(c))(1) nonexempt charita	(3) orgai	nization		2019
			► Atta	Open to Public				
Departn Internal	nent of the Treasury Revenue Service	► 0	Go to www.irs.gov/Fo	rm990 for instructions	and the	latest in	nformation.	Inspection
Name o	f the organization E	Blind & Vis	sually Impaire / County	ed Center			Employer identifica	
Part				ganizations must of	comple	te this		
				For lines 1 through 12,				
1	A church, conv	vention of church	es, or association of ch	nurches described in sec	tion 1 70(b)(1)(A)(i).	
2	A school desc	ribed in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	r 990-EZ)	.)		
3	A hospital or	a cooperative h	ospital service organi	zation described in sec	ction 170)(b)(1)(A	.)(iii).	
4	A medical res	-	tion operated in conju	Inction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
5	section 170(b	b)(1)(A)(iv). (Co	mplete Part II.)	ge or university owned		-	-	escribed in
6	A federal, sta	ate, or local gov	ernment or governme	ntal unit described in s	section 1	70(b)(1)	(A)(v).	
7	in section 17	0(b)(1)(A)(vi). (Complete Part II.)	art of its support from a	-	ental uni	t or from the general put	olic described
8				A)(vi). (Complete Part				
9	-	-		tion 170(b)(1)(A)(ix) oper (see instructions). Enter			-	-
10	from activities	s related to its encome and unrel	exempt functions-sub	33-1/3% of its support fr ject to certain exception income (less section Part III.)	ons, and	(2) no r	nore than 33-1/3% of i	ts support from gross
11	An organizati	on organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).	
12	or more public lines 12a thro	icly supported o ough 12d that de	rganizations describe escribes the type of s	ly for the benefit of, to d in section 509(a)(1) o upporting organization	or sectio and com	n 509(a) iplete lir	(2). See section 509(a) nes 12e, 12f, and 12g.	(3). Check the box in
а	organization(s	oorting organization) the power to re rt IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the directo	oported o rs or trus	rganizati tees of t	on(s), typically by giving he supporting organization	the supported on. You must
b	management	pporting organiz of the supporting t e Part IV, Sect i	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or on(s). You
c				ion operated in connectio blete Part IV, Sections				
d	functionally in	ntegrated. The c	organization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection ition reqi	with its s uirement	supported organization(s) t and an attentiveness	requirement (see
е	Check this bo	x if the organiz	ation received a writte	en determination from supporting organization	the IRS	that it is	a Type I, Type II, Type	e III functionally
f								
			n about the supported					
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
								000 000 EZ 2010

Schedule A (Form 990 or 990-EZ) 2019	Blind & Visually Impaired Cent	er

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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.)

Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	1	1						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	vities, etc. (see in	structions)			12			
13	First five years. If the Form 990 is organization, check this box and						►		
Sec	tion C. Computation of Pu	blic Support F	ercentage						
	Public support percentage for 20	•	.,				%		
	Public support percentage from						%		
16a	16a 33-1/3% support test–2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►								
b	b 33-1/3% support test–2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization.	t VI how the		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨		
BAA					Scl	nedule A (Form 99	90 or 990-EZ) 2019		

Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	251,180.	499,140.	482,019.	610,990.	910,918.	2,754,247.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's					510,510.	
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade	38,423.	32,266.	46,155.	32,250.		149,094.
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	12,089.	20,593.	6,543.			<u> </u>
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	301,692. 0.	551,999. 0.	534,717.	643,240.	<u>910,918.</u> 0.	2,942,566.
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	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						2,942,566.
		(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(-) 0010	
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends,	301,692.	551,999.	534,717.	643,240.	910,918.	2,942,566.
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511	42,932.	43,624.	44,801.	9,354.	69,914.	210,625.
	taxes) from businesses acquired after June 30, 1975				0.05.1		0.
•	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	42,932.	43,624.	44,801.	9,354.	69,914.	210,625.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990	344,624.	595,623.	579,518.	652,594.	980,832.	3,153,191.
	organization, check this box and tion C. Computation of Pu	stop here					5) ▶
	Public support percentage for 20		-	e 13 column (f))		93.32 %
	Public support percentage from a	•					88.73 %
	tion D. Computation of Inv						00.13 0
17	Investment income percentage f		v		imn (ft)		6.68 %
18	Investment income percentage f						11.27 %
	33-1/3% support tests — 2019. If is not more than 33-1/3%, check	the organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, an	d line 17
b	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%	the organization di	d not check a box	on line 14 or lin	e 19a, and line 16	5 is more than 33	-1/3%, and
20	Private foundation. If the organi		-				
							00 or 000 E7) 2010

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 (b) and (c) below. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **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. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in 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*. 9c 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 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

10b

whether the organization had excess business holdings.)

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

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).			
the organization maintained a close and continuous working relationship with the supported of	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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.			

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 year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? *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.

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Page 5

Yes

1

2

No

No

Yes

2a

2b

3a

3h

instructions. All other Type III non-functionally integrated supporting organization	ions must	annolata Castiana A	n Part VI). See
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
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		
Section 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 shor tax year or assets held for part of year):	ť		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Su		ations (continued)	
Section D – Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt pu	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizatior	IS,	
3 Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	e details	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
^a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

 A (Form 990 or 990-EZ) 2019
 Blind & Visually Impaired Center
 23-7221588
 Page 8

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

~~		C	alamantal Financial Sta	tomonto		OMB No.	1545-0047
	SCHEDULE D (Form 990) Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.						
Depar Intern	tment of the Treasury al Revenue Service		Attach to Form 990. Sov/Form990 for instructions and			Open t Inspec	o Public
	of the organization				Employer in	dentification r	
		/isually Impaired (rey County	Center		23-722	1588	
Par			or Advised Funds or Other S	Similar Funds or Ac	-	1500	
1 01	Complete	if the organization answ	wered 'Yes' on Form 990, Pa	art IV, line 6.			
			(a) Donor advised funds	s (b)	Funds and	other acco	unts
1	Total number at e	end of year					
2	Aggregate value of cor	ntributions to (during year)					
3		ants from (during year)					
4	Aggregate value	at end of year					
5	are the organizati	ion's property, subject to the	nor advisors in writing that the asse organization's exclusive legal cont	rol?	· · · · · · · · L	Yes	No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing th of the donor or donor advisor, or t	for any other purpose c	onferring _	Yes	No
Par		tion Easements.					
			wered 'Yes' on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of cor	nservation easements held by	y the organization (check all that a	pply).			
		of land for public use (for example	ole, recreation or education)	Preservation of a his	5 1		
		natural habitat		Preservation of a cer	tified histori	c structure	
2		of open space		line in the former of a second			_
2	last day of the tax		neld a qualified conservation contribut	tion in the form of a cons			
	Total number of a	conservation easements		2a	Held at the	End of the	e lax fear
			ments				
			fied historic structure included in (a				
			n (c) acquired after 7/25/06, and no	·			
3	structure listed in	the National Register	nsferred, released, extinguished, or te	2d	tion during th	Δ	
5	tax year ►				don danng th		
4		where property subject to conse					
5	Does the organiza and enforcement	ation have a written policy re of the conservation easemer	garding the periodic monitoring, in the it holds?	spection, handling of vi	olations,	Yes	No
6	Staff and volunteer	r hours devoted to monitoring, i	inspecting, handling of violations, and	enforcing conservation e	easements du	iring the ye	
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enfo	orcing conservation ease	ments during	the year	
8	Does each conse and section 170(h	rvation easement reported or 1)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of section 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, desci include, if applica conservation ease	able, the text of the footnote	ports conservation easements in its to the organization's financial state	revenue and expense ements that describes th	statement a le organizati	nd balance on's accou	e sheet, and unting for
Par	t III Organizat	tions Maintaining Colle	ctions of Art, Historical Trea wered 'Yes' on Form 990, Pa	asures, or Other Si art IV, line 8.	milar Ass	ets.	
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in it Id for public exhibition, education, I statements that describes these i	or research in furtherar	nd balance s ice of public	heet works service, p	s of art, rovide in
ł	historical treasures following amounts	s, or other similar assets held for s relating to these items:	r FASB ASC 958, to report in its re or public exhibition, education, or rese	earch in furtherance of pu	blic service,	t works of provide the	art,
	••		line 1				
n	• •		Nictorial traceuras, or other similar or			louina	
	amounts required	to be reported under FASB	historical treasures, or other similar as ASC 958 relating to these items:			iowing	
			·····				<u> </u>
			Instructions for Form 990.		• • • • •	ule D (For	m 990) 2019

Schedule D (Form 990) 2019 Blind a				23-722		Page 2
Part III Organizations Maintaini	ng Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continu	ued)
3 Using the organization's acquisition, an items (check all that apply):	ccession, and othe	r records, check ar	ny of the following that ma	ake significant use of its	collection	
a Public exhibition		d 🗌 Loan d	r exchange program			
b Scholarly research		e Other				
c Preservation for future generation						
4 Provide a description of the organization Part XIII.		,	Ū			
5 During the year, did the organization to be sold to raise funds rather than					Yes	No
Part IV Escrow and Custodial A line 9, or reported an an	rrangements.	Complete if the 990, Part X,	ne organization ans ine 21.	swered 'Yes' on Fo	rm 990, Pai	rt IV,
1 a Is the organization an agent, trustee on Form 990, Part X?	e, custodian or ot	her intermediary	for contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in						
-			.9		Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance						
2 a Did the organization include an amo	ount on Form 990	, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII. Check	here if the explan	ation has been provide	d on Part XIII	[
Part V Endowment Funds. Con		1				<u> </u>
1 - Beginning of year belongs	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage o	2	end balance (line	e 1g, column (a)) held a	as:		
a Board designated or quasi-endowment		00				
b Permanent endowment						
c Term endowment ►	-0	0.0/				
The percentages on lines 2a, 2b, and	2c should equal 10	0%.				
3a Are there endowment funds not in the	possession of the	organization that a	re held and administered	for the	Yes	No
organization by: (i) Unrelated organizations						No
(ii) Related organizations					3a(i) 3a(ii)	<u> </u>
b If 'Yes' on line 3a(ii), are the related					3b	
4 Describe in Part XIII the intended us	U U				55	
Part VI Land, Buildings, and Eq						
Complete if the organiza		'Yes' on Forn	n 990. Part IV. line	11a. See Form 99	0. Part X. li	ine 10.
Description of property	(a) Cos	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	
1 a Land						
b Buildings.			132,324.	50,726.	81	,598.
c Leasehold improvements			359,402.	173,998.		,404.
d Equipment			103,974.	103,974.		0.
e Other			62,558.	62,598.		-40.
Total. Add lines 1a through 1e. (Column ((d) must equal Fo	rm 990, Part X, c			266	,962.
BAA				Sched	ule D (Form 99	

TEEA3302L 8/22/19

Part VII		 Other Securities. 			
		ecorganization answere	d Yes on Form 990 (b) Book value), Part IV, line 11b. See Form 99 (c) Method of valuation: Cost or end-of-	
			(D) DOOK Value	(C) Method of Valuation: Cost of end-of-	year market value
		sts			
(2) Closely (3) Other	Their equity intere	515			
(A)					
(B)					
<u> </u>					
<u>`</u>					
(E)			_		
(F)					
(G)					
(H)					
(l)					
		990, Part X, column (B) line 12.) I			
Part VIII	Investments -	- Program Related.	d 'Vos' on Form 990	N/A), Part IV, line 11c. See Form 99	0 Part V lina 13
	(a) Description o		(b) Book value	(c) Method of valuation: Cost or end-o	
(1)					your market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		990, Part X, column (B) line 13.) ¹			
Part IX	Other Assets.	le organization answere	d 'Yes' on Form 990), Part IV, line 11d. See Form 99	0 Part X line 15
			escription	,, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)					
		erest Community Fou	Indation		108,495.
	roll liabili				15,695.
(4) UNC (5)	onditional i	Promise to Give			755,553.
(6)					
(7)					
(8)					
(9)					
(10)					
			(B) line 15.)	•••••••••••••••••••••••••••••••••••••••	879,743.
Part X	Other Liabiliti	es.	Form 000 Dort IV line 11	a or 11f Soo Form 000 Port V line 2F	
1.			ription of liability	e or 11f. See Form 990, Part X, line 25.	(b) Book value
	ral income taxes	(a) Dest			
(2) Rou					1.
(3)	- 1				
(4)					
(5)					_
(6)					
(7)					
(8) (9)					
(10)					
(10)					
	nn (b) must equal Form	990, Part X, column (B) line 25.)		►	1.
	.,	, , , ,		ancial statements that reports the organization's li	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019 Blind & Visually Impaired Center	23-7221588	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A	
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:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e 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:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
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:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.) 2d		
e 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:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part 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 - Intended Uses Of Endowment Fund

Beneficial interest held at Community Foundation of Monterey County.

SCHEDULE G (Com 1990 or 590 ED Dependent entered more than 500 eT an 990 FT W, line 17, is or 13, or 110		Suppleme	ental Informa	tion Reg	jarding F	undraising or Gami	ng Activitie	es	OMB No. 1545-0047
Production of the Vision of the Vis	SCHEDULE G (Form 990 or 990-EZ)	Complete in the organization answered fes on Form 590, Part IV, me 17, 16, or 19, or in the							2019
Name of explosition Link & Visual Ly Impaired Center Employe identification number 23 - 7221588 Part II Fundrabing Activities, Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Employe identification 1 indicate whether the organization raised funds through any of the following activities. Check all that apply. e (X) Solicitation of government grants b internet and email solicitations f (X) Solicitation of government grants g (X) Special fundrasing events 2 Do the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 90, Part IV) or oral agreement with any individual fundrasing events (Y) Amount Paut to be complete titles of the organization. 0 Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be completeriated at lead \$500 by the organization. (W) Amount Paut to organization 2 in the organization organization. (W) Activity (W) Afford the fundraiser is to be completeriated by organization. 4 in the organization. (W) Activity (W) Afford the fundraiser is to be completeriated by organization. 2 in the organization. (W) Activity (W) Afford the fundraiser is to be completeriated by organization. 3 in the organization. (W) Activity (W) Afford the organization (W) organization (Department of the Treasury								Open to Public
Part I Fundaraising Activities. Complete it the organization answeed "Yes" on Form 390, Part IV, Iine 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a [X] Maik allocitations e [X] Solicitation of government grants b Internet and email solicitations f [X] Solicitation of government grants c [X] Prone solicitations g [X] Special fundraising events d [X] In-preson solicitations g [X] Special fundraising events 20 Dit the organization have a written or oral agreement with any individual (including officers, directors, fustees, resp. [] Yes [] No b If 'Yes', list the 10 highest paid individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be comparised at least \$5,000 by the organization. [] Wes catter or catter or catter or entity in conclusions 0 Name and address of individual or entities (fundraiser) are the catter or catt	Name of the organization Blind & Visually Impaired Center Employer identif								tion number
Form 990-EZ filters are not required to Complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Intert and email solicitations c Phone solicitations d Data tend and email solicitations d Data tend of the analysis of the solution of powerment grants d Data tend operation have a written or anal 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? entry services Data tend operation have a written or anal 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? if Yes No if Ye				ation answ	ered 'Yes' (on Form 990, Part IV, line		722158	3
A Mail solicitations Profile Solicitations Prove Solicitations	Fart Form 990-EZ	filers are not re	quired to comp	lete this p	oart.				
b Internet and email solicitations f Solicitation of government grants c X Prone solicitations g Solicitation of government grants 2a Date or oparization have a written or oral agreement with any individual cincluding officers, directors, trustees, or key employees listed in Form 900. Part VII to entry in contention with professional fundraising services? Image: Solicitation of government grants 2a Dat the organization have a written or oral agreement with any individual cincluding officers, directors, trustees, or key employees listed in Form 900. Part VII to entry in the individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Activity (iii) Dat fundraiser fundraiser is to be compensated at least \$5,000 by the organization. 1 Yes No Image: solicitation of government grants 2 Image: solicitation of government grants (iii) Activity (iii) Activity (iii) Activity 3 Image: solicitation organization (iii) Activity (iii) Activity (iv) Amount paid to (or retained by) organization 4 Image: solicitation organization Image: solicitation organization Image: solicitation orgovernment grants <		-	raised tunds thr	ougn any		-			
d Imperson solicitations 2a 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 1D highest pad individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 53,000 by the organization. (0) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 5,000 by the organization. (1) (ii) Activity (iii) Definition (iii) Definition (i) Name and address of individual or entities (fundraiser is to be compensated at least 5,000 by the organization. (i) Name and address of individual or entities (fundraiser is to be compensated at least 5,000 by the organization. 1 Vers 2 Image: Im			5				-	-	
24 Did the organization have a writen or coal agreement with any individual (including differer, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: Site Site Site Site Site Site Site Site					g	X Special fundraising	events		
employees listed in Form 990, Part VII) or entity (in connection with professional fundraiser) services?			r oral agreement	with any i	ndividual (i	including officers, directo	re trustaas o	r kov	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entry (undraiser) (ii) Did fundraiser (iii) Constrained by) (undraiser) (iii) Did fundraiser (iiii) Constrained by) (undraiser) (iv) Gross receipts from activity (iv) Gross from activity	employees listed in	n Form 990, Par	t VII) or entity i	n connect	tion with p	rofessional fundraising	services?		
(i) Name and address of individual or entity (undraiser) (ii) Activity here catting in cardinal bits in the second of the catting in cardinal bits in the second of the catting in cardinal bits in the second of the catting in cardinal bits in the second of the catting in cardinal bits in the second of the	b If 'Yes,' list the 10 compensated at le	highest paid ind ast \$5,000 by th	lividuals or enti le organization.	ties (fund	raisers) pu	Irsuant to agreements (under which t	he fundrais	ser is to be
Yes No 1 Yes 2 Image: Second S			(ii) Activity	have custo	dy or control		(or retain fundraiser	ed by) listed in	(or retained by)
2				Yes	No		colum	· (1)	
3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 9 9 9 10 Total	1								
3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 9 9 9 10 Total									
4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 10 1 0. 3< List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	2								
4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 10 1 0. 3< List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
5	3								
5									
6 Image: Control of the second seco	4								
6 Image: Control of the second formation of the									
6 Image: Control of the second seco	5								
7 8 9 9 10 9 Total									
7 8 9 9 10 9 Total	C								
8 9 10 0. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	6								
8 9 10 0. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	_								
9 10 0. Total	7								
9 10 0. Total									
10 0. Total	8								
10 0. Total									
Total	9								
Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	10								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	Total				►				0.
	 List all states in whi or licensing. 	ch the organizatio	on is registered o	or licensed	to solicit c	ontributions or has been	notified it is e	xempt from	registration

Schedule G (Form 990 or 990-EZ) 2019 Blind & Visually Impaired Center

23-7221588 Page 2

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

			(a) Event #1 General solici (event type)	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))			
REVENUE	1	Gross receipts		(event type)		70,647.			
U E	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	70,647.			70,647.			
	4	Cash prizes							
D	5	Noncash prizes							
RECT	6	Rent/facility costs							
	7	Food and beverages							
EXPENSES	8	Entertainment							
N S E	9	Other direct expenses							
S	10	Direct expense summary. Add lines 4 thr							
Dev	11	Net income summary. Subtract line 10 fr Gaming. Complete if the organiza				70,647.			
Par		\$15,000 on Form 990-EZ, line 6a.	illon answered res	s on Form 990, Par	t IV, line 19, of re	ported more than			
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
U E	1	Gross revenue							
E	2	Cash prizes							
EXPENSES	3	Noncash prizes							
CS TE S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes% No	Yes [%] No				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?									
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 Blind & Visually Impaired Center	23-7221588	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		No
13 Indicate the percentage of gaming activity conducted in:a The organization's facility.	13a	00
b An outside facility.		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco		<u>o</u>
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming reverses b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party: 	enue? Ye e d the amount	s 🗌 No
Name ►		· – – – – – – – – – – – – – – – – – – –
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain th state gaming license?	e Ye :	s No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.		(V);

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Blind & Visually Impaired Center	Employer identification number
of Montorov County	23-7221588

Form 990. Part III. Line 4a - Program Service Accomplishments

LOW VISION CLINIC - We have an optometrist who specializes in low vision. He provides a comprehensive low vision exam and evaluation. Recommendations and prescriptions are provided for appropriate optical aids and devices that will make the best use of the individual's functional vision. Demonstration and loans of items are offered, as well as demonstration of assistive technologuy. Our Low Vision Specialists works in conjuction to the clinic and is available for training in the use of magnification systems and devices, as well as talking computer software. Lighting and glare control recommendations are also made.

SUPPORT SERVICES - BVIC provides information and referral to resources that assist people who are visually impaired. It offers a weekly socialization program (luncheon, ceramics/crafts class) which also serves as peer support. Its peer support groups promote shared practical advice and information to cope with vision loss. A weekly art class is also offered.

REHABILITATION SERVICES - Services are provided in a client's every day surroundings of home and community settings by experienced professionals. These services help a client adapt to the loss of sight and consist of orientation & mobility, independent living skills and the use of optical and non-optical aids and devices. orientation and mobility teaches people to travel safely with a cane, sighted guide or dog. Independent living skills teach alternative methods of doing every day tasks.

Name of the organization Blind & Visually Impaired Center	Employer identification number
of Monterey County	23-7221588

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

By-laws indicate members.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

By-laws indicate members that elect the board of directors annually.

Form 990, Part VI, Line 11b - Form 990 Review Process

CPA who helps prepare the 990 tax return presents the return to the Executive Committee. The Executive Committee presents to the full board for approval prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

To avoid actual or apparent conflict of interest, any employee who engages in any remunerative activity in the field directly or indirectly related to the work of the BVIC must have the prior express written approval of the Director. This includes consultation, speeches, conference participation and related work on the employee's own time. If done during normal working hours, any fee received for any such activity must be given to the BVIC. No employee may represent him/herself as a spokesperson for the BVIC without prior approval of the Director.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Finance Committee reviews officer wages.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies, and financial statements are available upon request.

Date Accept	ed			I	DO NOT MAIL	HIS FORM TO	THE FTB
TAXABLE Y	EAR Califor	rnia e-file Retur	n Authoriza	tion for			FORM
2019	Exem	ot Organizations	5			8	453-EO
Exempt Organiz			-			Identifying number	
BLIND &	VISUALLY IMPA	AIRED CENTER				23-7221588	
		nformation (whole dollars					
		99, line 4)					742,550.
		99, line 8)					742,549.
	•	ements (Form 199, Line 9)				3	698,706.
Part II 3	Settle Your Accou	unt Electronically for	Taxable Year 201	9			
4 Ele	ectronic funds withdra	wal 4a Amount		4b Withdraw	al date (mm/dd/yy	/y)	
Part III	Banking Informat	ion (Have you verified the	exempt organization	's banking inf	ormation?)		
	g number						
	nt number	-	7 Туре	e of account:	Checking	Savings	
	Declaration of Of						
	he exempt organization for the amount listed of	on's account to be settled a on line 4a.	s designated in Part	II. If I check I	Part II, Box 4, I aut	horize an electror	nic funds
correspondii organization' Tax Board (for the fee li statements b return or ret	ng lines of the exemp s return is true, correct FTB) does not receive ability and all applica e transmitted to the FT	er, or intermediate service t organization's 2019 Califo , and complete. If the exempt e full and timely payment of ble interest and penalties. B by the ERO, transmitter, or horize the FTB to disclose	rnia electronic returr organization is filing a the exempt organization authorize the exempt intermediate service p	 To the best a balance due i ation's fee lial ot organizatio provider. If the lediate servic 	of my knowledge a return, I understand bility, the exempt o n return and accon processing of the ex e provider the reas	and belief, the exe that if the Franchise rganization will re apanying schedule cempt organization	mpt e main liable es and 's
Sign Here	Signature of officer		Date	TREASU	RER		
THEFE			2410	1100			
Part V	Declaration of Ele	ectronic Return Origin	ator (ERO) and I	Paid Prepa	er. See instruction	ıs.	
the best of r organization officer's sign forms and in Authorized e exempt organ under penal statements,	ny knowledge. (If I a s' return. I declare, h hature on form FTB & nformation that I will f e-file Providers. I will hization return is filed, v ties of perjury, I decla	above exempt organization m only an intermediate ser owever, that form FTB 8453 453-EO before transmitting ile with the FTB, and I have keep form FTB 8453-EO on whichever is later, and I will n are that I have examined the knowledge and belief, the	vice provider, I under B-EO accurately refle this return to the FTI e followed all other re i file for four years fr nake a copy available e above exempt orga	rstand that I a cts the data o B; I have prove quirements d om the due d to the FTB upo nization's retu	Im not responsible In the return.) I have ided the organization escribed in FTB Put ate of the return or In request. If I am all urn and accompan	for reviewing the e obtained the org on officer with a c b. 1345, 2019 Ha four years from t so the paid prepare ving schedules an	exempt ganization copy of all ndbook for he date the er, d
	ERO's		Date		Check if Check also paid X self-		
ERO	signature FHURAU	E B. INGRAHAM, EA INGRAHAM & ASSOC			preparer A employ	red P01341 Firm's FEIN	84/
Must	Firm's name (or yours if self-employed)	412 SOUTH MAIN S				20-355	7376
Sign	and address	SALINAS	11001		CA	ZIP code 93901	
		ave examined the above organizatio s declaration based on all informati			statements, and to the b	est of my knowledge an	d belief, they
Paid	Paid preparer's signature			Date	Check if self-employed	Paid preparer	r's PTIN
Preparer						Firm's FEIN	
Must Sign	Firm's name (or yours if self- employed) and						
	address					ZIP code	
For Privacy	Notice, get FTB 1131	ENG/SP.				FTB 84	53-EO 2019

For Privacy Notice, get FTB 1131 ENG/SP.