

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.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: X Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: THE FOUNDATION FIGHTING BLINDNESS, INC. D Employer identification number: 23-7135845. E Telephone number: 410-423-0600. G Gross receipts: 93,168,667. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.FIGHTINGBLINDNESS.ORG. K Form of organization: X Corporation. L Year of formation: 1971. M State of legal domicile: MD.

Part I Summary. Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows 1-22 detailing mission, governance, financials, and assets.

Part II Signature Block

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

Sign Here: Signature of officer JASON MENZO, COO, Date 11/11/2020. Preparer: Print/Type preparer's name JULIA FLANNERY, CPA, Preparer's signature Julia Flannery, Date 11/06/20, PTIN P00928915, Firm's name RSM US LLP, Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400, BALTIMORE, MD 21202, Firm's EIN 42-0714325, Phone no. 410-246-9301.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE FOUNDATION FIGHTING BLINDNESS, INC. (FOUNDATION) IS TO DRIVE THE RESEARCH THAT WILL PROVIDE PREVENTIONS, TREATMENTS AND CURES, FOR PEOPLE AFFECTED BY RETINITIS PIGMENTOSA, MACULAR DEGENERATION, USHER SYNDROME, AND THE SPECTRUM OF RETINAL DEGENERATIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 27,058,685. including grants of \$ 21,163,616.) (Revenue \$ 214,437.) RESEARCH: THE FOUNDATION FIGHTING BLINDNESS, INC. (THE FOUNDATION) FUNDED RESEARCHERS ARE ACHIEVING REMARKABLE SUCCESS IN DISCOVERING, TESTING AND DELIVERING TO PATIENTS A WIDE RANGE OF PROMISING THERAPIES TO PREVENT, STOP THE PROGRESSION OF, AND CURE BLINDNESS DUE TO RETINAL DEGENERATIVE DISEASES. THE FOUNDATION HAS ENCUMBRANCES OF \$41.9 MILLION, NOT INCLUDED ON OUR JUNE 30 FINANCIAL REPORT, FOR ACTIVE RESEARCH PROJECTS THAT HAVE FUTURE RESEARCH MILESTONES. OUR RESEARCH OVERSIGHT COMMITTEE'S SPENDING PLAN INCLUDES SPENDING AT AN AVERAGE OF \$21 MILLION ANNUALLY TO SUPPORT FUTURE RESEARCH.

AS OF THE END OF OUR FISCAL YEAR 2020, THE FOUNDATION'S RESEARCH GRANTS

4b (Code:) (Expenses \$ 1,729,765. including grants of \$) (Revenue \$ 125,525.) PUBLIC HEALTH EDUCATION: DURING FISCAL YEAR 2020, THROUGH OUR CHATLOS FOUNDATION PUBLIC EDUCATION PROGRAM, THE FOUNDATION AIMED TO CONTINUE TO PROVIDE EDUCATION AND SUPPORT TO PEOPLE AFFECTED BY RETINAL DEGENERATIVE DISEASES. THE FOUNDATION ALSO FIELDS A TEAM OF PROFESSIONALS FOCUSED ON EDUCATING OPHTHALMOLOGISTS AND OPTOMETRISTS ON THE LATEST ADVANCEMENTS WITH THE FOUNDATIONS RESOURCES AND RESEARCH ON THE INHERITED RETINAL DISEASE SPACE. TO KEEP OUR CONSTITUENTS AND PROFESSIONALS INFORMED, THE FOUNDATION PUBLISHES EXTENSIVE CONTENT VIA A WEBSITE AND SOCIAL MEDIA/EMAIL CHANNELS; DISTRIBUTES A NEWSLETTER ONLINE AND IN PRINT; HOLDS QUARTERLY INSIGHTS FORUM CALLS TO INFORM THE COMMUNITY ABOUT

4c (Code:) (Expenses \$ 2,880,430. including grants of \$) (Revenue \$) MY RETINA TRACKER: THE FOUNDATION MAINTAINS A RESEARCH DATABASE OF PEOPLE AND FAMILIES AFFECTED BY RARE INHERITED RETINAL DEGENERATIVE DISEASES. THE REGISTRY IS DESIGNED TO SHARE DE-IDENTIFIED INFORMATION WITHIN THE IRD RESEARCH AND CLINICAL COMMUNITIES ABOUT PEOPLE WITH AN INHERITED RETINAL DISEASE TO HELP ACCELERATE THE DISCOVERY OF TREATMENTS AND CURES. DURING FISCAL YEAR 2020 APPROXIMATELY 2,300 ADDITIONAL PATIENTS WERE ADDED TO THE REGISTRY, BRINGING TOTAL REGISTERED INDIVIDUALS UP TO 14,929.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 31,668,880.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 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 I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 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> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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> | X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part 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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, KS, IL, IN
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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID BRINT CHAIRMAN | 10.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) JOEL DAVIS VICE CHAIRMAN, MAJOR GIFTS | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) EDWARD RUSSNOW VICE CHAIRMAN, DEVELOPMENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) JONATHAN STEINBERG, M.D. VICE CHAIRMAN, RESEARCH | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) WARREN THALER VICE CHAIRMAN, BOARD DEV & COMM | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) HAYNES LEA TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) YVONNE CHESTER SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (8) STEVEN ALPER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) SCOTT BURT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) WILLIAM CARTY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) DARREN DEVOUE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JASON FERREIRA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) ADRIENNE GRAVES DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) GORDON GUND DIRECTOR - CHAIRMAN EMERITUS | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (15) ROBERT HEIDENBERG DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) JANNI LEHRER-STEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) LAURA MANFRE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) BRADFORD MANNING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) EVAN MITTMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) JASON MORRIS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) KAREN PETROU DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (22) MARYROSE SYLVESTER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (23) BENJAMIN R. YERXA CEO | 34.00 6.00 | | | X | | | 421,400. | 74,365. | 49,683. | |
| (24) PATRICIA DUDLEY CHIEF HUMAN RESOURCE OFFICER | 40.00 | | | X | | | 233,990. | 0. | 46,245. | |
| (25) JASON D. MENZO COO | 39.00 1.00 | | | X | | | 364,166. | 0. | 52,595. | |
| (26) STEPHEN MARK ROSE SR. SCIENTIFIC ADVISOR (THRU 6/1/20) | 40.00 | | | | X | | 247,380. | 0. | 37,085. | |
| 1b Subtotal | | | | | | | 1,266,936. | 74,365. | 185,608. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,742,027. | 210,344. | 259,976. | |
| d Total (add lines 1b and 1c) | | | | | | | 3,008,963. | 284,709. | 445,584. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 17

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-------------------------------------|---------------------|
| AILERON CONSULTING, LLC, 2111 WILSON BLVD, SUITE 700, ARLINGTON, VA 22202 | SOFTWARE INTEGRATION CONSULTANT | 382,845. |
| MINDSET DIRECT LLC, 12355 SUNRISE VALLEY DRIVE, SUITE 240, RESTON, VA 20191 | DIRECT MARKETING CONSULTANT | 352,179. |
| CONTEMPORARY PRODUCTIONS, LLC, 190 CARONDELET PLAZA, SUITE 1111, ST. LOUIS, NNE MARKETING, 1666 MASSACHUSETTS AVENUE, SUITE 14, LEXINGTON, MA 02420 | ENTERTAINMENT FOR FUNDRAISING EVENT | 238,000. |
| BLACKBAUD | DIRECT MARKETING CONSULTANT | 192,000. |
| PO BOX 930256, ATLANTA, GA 31193-0256 | ON LINE FUNDRAISING SOFTWARE FEES | 190,838. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|---|--|-----------------------------|---------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a 156,603. | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c 5,537,053. | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f 26,201,460. | | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 561,525. | | | | | |
| | h | Total. Add lines 1a-1f | | 31,895,116. | | | | |
| Program Service Revenue | 2 a | CONFERENCE FEES & SPON | Business Code 900099 | 125,525. | 125,525. | | | |
| | b | CONTRACT REVENUE | 900099 | 114,437. | 114,437. | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 239,962. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 5,263,368. | | | 5,263,368. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | 29,695. | | | 29,695. | |
| | 6 a | Gross rents | (i) Real | 32,473. | | | | |
| | | | (ii) Personal | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b 0. | | | | | |
| | c | Rental income or (loss) | 6c 32,473. | | | | | |
| | d | Net rental income or (loss) | | 32,473. | | | 32,473. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | 55,349,894. | | | | |
| | | | (ii) Other | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b 57,234,583. | | | | | |
| c | Gain or (loss) | 7c -1,884,689. | | | | | | |
| d | Net gain or (loss) | | -1,884,689. | | | -1,884,689. | | |
| 8 a | Gross income from fundraising events (not including \$ 5,537,053. of contributions reported on line 1c). See Part IV, line 18 | | 258,089. | | | | | |
| | | | 561,197. | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | -303,108. | | | -303,108. | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | FFB RDF SERVICE FEES | Business Code 900099 | 100,000. | 100,000. | | | |
| | b | OTHER INCOME | 900099 | 70. | | | 70. | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | 100,070. | | | | |
| 12 | Total revenue. See instructions | | 35,372,887. | 339,962. | 0. | 3,137,809. | | |

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 18,162,797. | 18,162,797. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 3,000,819. | 3,000,819. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,907,193. | 884,123. | 486,060. | 537,010. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 4,042,769. | 1,058,044. | 335,870. | 2,648,855. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 268,289. | 86,591. | 38,112. | 143,586. |
| 9 Other employee benefits | 627,406. | 160,247. | 99,154. | 368,005. |
| 10 Payroll taxes | 408,073. | 126,301. | 55,276. | 226,496. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 1,925,738. | 947,140. | 212,034. | 766,564. |
| b Legal | 8,663. | | 7,650. | 1,013. |
| c Accounting | 49,413. | | 47,050. | 2,363. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 686,365. | | | 686,365. |
| f Investment management fees | 325,629. | | 301,124. | 24,505. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 123,369. | 98,661. | 1,448. | 23,260. |
| 13 Office expenses | 396,348. | 76,168. | 93,248. | 226,932. |
| 14 Information technology | 353,845. | 13,395. | 61,757. | 278,693. |
| 15 Royalties | | | | |
| 16 Occupancy | 712,467. | 146,117. | 128,094. | 438,256. |
| 17 Travel | 246,734. | 81,435. | 34,924. | 130,375. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 437,994. | 152,056. | 108,177. | 177,761. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 353,402. | 143,758. | 30,993. | 178,651. |
| 23 Insurance | 248,229. | 132,160. | 24,039. | 92,030. |
| 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 TRIAL RELATED COSTS | 6,278,769. | 6,278,769. | | |
| b PRINTING | 287,090. | 85,593. | 18,079. | 183,418. |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | 283,074. | 34,706. | 147,217. | 101,151. |
| 25 Total functional expenses. Add lines 1 through 24e | 41,134,475. | 31,668,880. | 2,230,306. | 7,235,289. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 1,763,158. | 1 | 8,753,237. |
| | 2 Savings and temporary cash investments | 42,857,611. | 2 | 25,363,837. |
| | 3 Pledges and grants receivable, net | 26,254,801. | 3 | 28,415,543. |
| | 4 Accounts receivable, net | 743,629. | 4 | 550,430. |
| | 5 Loans and other receivables from 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 500,000. | 7 | 500,000. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 916,253. | 9 | 1,012,101. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,727,405. | | |
| | b Less: accumulated depreciation | 10b 4,573,566. | 1,329,279. | 10c 1,153,839. |
| | 11 Investments - publicly traded securities | 83,927,791. | 11 | 86,180,174. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 7,800,776. | 15 | 7,644,086. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 166,093,298. | 16 | 159,573,247. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,542,226. | 17 | 1,293,010. |
| | 18 Grants payable | 13,980,632. | 18 | 10,904,636. |
| | 19 Deferred revenue | 316,357. | 19 | 17,450. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 1,062,123. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 928,589. | 25 | 736,855. |
| | 26 Total liabilities. Add lines 17 through 25 | 16,767,804. | 26 | 14,014,074. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 36,405,532. | 27 | 33,631,452. |
| | 28 Net assets with donor restrictions | 112,919,962. | 28 | 111,927,721. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 149,325,494. | 32 | 145,559,173. |
| 33 Total liabilities and net assets/fund balances | 166,093,298. | 33 | 159,573,247. | |

Part 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 | 35,372,887. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 41,134,475. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -5,761,588. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 149,325,494. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,904,479. |
| 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 | 90,788. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 145,559,173. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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 audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** 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? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

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

| Calendar 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.") | 68,515,510. | 22,746,532. | 22,775,761. | 50,471,319. | 31,895,116. | 196,404,238. |
| 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 | 68,515,510. | 22,746,532. | 22,775,761. | 50,471,319. | 31,895,116. | 196,404,238. |
| 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) | | | | | | 68,889,561. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 127,514,677. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 68,515,510. | 22,746,532. | 22,775,761. | 50,471,319. | 31,895,116. | 196,404,238. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 4,764,598. | 4,320,989. | 4,875,189. | 5,503,900. | 5,325,536. | 24,790,212. |
| 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.) | 102,691. | 100,091. | 636,502. | 867,745. | 358,160. | 2,065,189. |
| 11 Total support. Add lines 7 through 10 | | | | | | 223,259,639. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,733,930. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 57.11 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 60.73 | % |
| 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 | <input checked="" type="checkbox"/> | | |
| 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 | <input type="checkbox"/> | | |
| 17a 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 | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

| Calendar 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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| 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 short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 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 supported 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 organization is responsive (provide details in Part VI). See instructions. | |
| 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 | | | |

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FFB RD FUND SERVICE FEES

2015 AMOUNT: \$ 99,996.

2016 AMOUNT: \$ 99,996.

2017 AMOUNT: \$ 100,000.

2018 AMOUNT: \$ 100,000.

2019 AMOUNT: \$ 100,000.

MISCELLANEOUS

2015 AMOUNT: \$ 2,695.

2016 AMOUNT: \$ 95.

2017 AMOUNT: \$ 1,805.

2018 AMOUNT: \$ 82.

2019 AMOUNT: \$ 71.

FUNDRAISING EVENTS

2017 AMOUNT: \$ 534,697.

2018 AMOUNT: \$ 767,663.

2019 AMOUNT: \$ 258,089.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

THE FOUNDATION FIGHTING BLINDNESS, INC.

Employer identification number

23-7135845

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|--|
| Name of organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> | \$ 2,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 997,979. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 15,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 1,100,023. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 4 | \$1,000,000 CASH AND STOCK <hr/> <hr/> <hr/> | \$ 1,100,023. | 12/19/19 |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |
| | <hr/> <hr/> <hr/> | \$ _____ | _____ |

| | |
|---|--|
| Name of organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. Employer identification number 23-7135845

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount 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 explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,381,828. | 3,256,748. | 3,256,748. | 3,190,000. | 500,000. |
| b Contributions | | | | 66,748. | 2,690,000. |
| c Net investment earnings, gains, and losses | 137,702. | 208,731. | 11,279. | 17,173. | 23,270. |
| d Grants or scholarships | 83,399. | 74,246. | 9,028. | 15,012. | 21,049. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 13,757. | 9,405. | 2,251. | 2,161. | 2,221. |
| g End of year balance | 3,422,374. | 3,381,828. | 3,256,748. | 3,256,748. | 3,190,000. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 845,341. | 796,944. | 48,397. |
| d Equipment | | 1,304,634. | 995,094. | 309,540. |
| e Other | | 3,577,430. | 2,781,528. | 795,902. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,153,839. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CHARITABLE GIFT ANNUITY OBLIGATION | 687,817. |
| (3) DEFERRED RENT | 49,038. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 736,855. |

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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 | 34,738,956. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,904,479. |
| b | Donated services and use of facilities | 2b | 10,320. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 9,791,483. |
| e | Add lines 2a through 2d | 2e | 11,706,282. |
| 3 | Subtract line 2e from line 1 | 3 | 23,032,674. |
| 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 | 301,124. |
| b | Other (Describe in Part XIII.) | 4b | 12,039,089. |
| c | Add lines 4a and 4b | 4c | 12,340,213. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 35,372,887. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 31,832,746. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 10,320. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 3,028,164. |
| e | Add lines 2a through 2d | 2e | 3,038,484. |
| 3 | Subtract line 2e from line 1 | 3 | 28,794,262. |
| 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 | 301,124. |
| b | Other (Describe in Part XIII.) | 4b | 12,039,089. |
| c | Add lines 4a and 4b | 4c | 12,340,213. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 41,134,475. |

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:

EARNINGS CAN BE USED FOR OPERATIONS; PRINCIPAL IS DONOR RESTRICTED.

PART X, LINE 2:

THE FOUNDATION PERFORMED AN EVALUATION OF ITS UNCERTAINTY IN INCOME TAX

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, AND DETERMINED THAT THERE WERE

NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL

STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. THE

FOUNDATION FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS

CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN

THE CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

UNDER THIS POLICY, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN
UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX
POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON
THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS EVALUATED THE
FOUNDATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE FOUNDATION HAS TAKEN
NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL
STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE.

THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE
U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE 30,
2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM AFFILIATE INCLUDED ON CONSOLIDATED FINANCIAL
STATEMENTS 9,791,483.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATION ENTRY INCLUDED ON FINANCIAL STATEMENTS 12,039,089.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM AFFILIATE INCLUDED ON CONSOLIDATED FINANCIAL
STATEMENTS 3,118,952.
GRANT REFUNDS -90,788.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,028,164.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATION ENTRY INCLUDED ON FINANCIAL STATEMENTS 12,039,089.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

| | |
|---|--|
| Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | GRANTMAKING | | 2,575,819. |
| NORTH AMERICA | 0 | 0 | GRANTMAKING | | 150,000. |
| EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTMAKING | | 75,000. |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTMAKING | | 200,000. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICE | PROGRAM RELATED TRAVEL | 14,211. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 3,015,030. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 3,015,030. |

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

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 1,294,831. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 315,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 200,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 99,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 100,000. | CHECK | 0. | | |
| | | NORTH AMERICA | RESEARCH | 75,000. | CHECK | 0. | | |
| | | NORTH AMERICA | RESEARCH | 75,000. | CHECK | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | RESEARCH | 100,000. | CHECK | 0. | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲ 14

3 Enter total number of other organizations or entities ▲ 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 100,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 232,055. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 100,000. | CHECK | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | RESEARCH | 100,000. | CHECK | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | RESEARCH | 134,933. | CHECK | 0. | | |
| | | EAST ASIA AND THE PACIFIC | RESEARCH | 75,000. | CHECK | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

EACH GRANTEE IS REQUIRED TO SUBMIT A YEARLY SCIENTIFIC PROGRESS REPORT,
WHICH IS REVIEWED BY THE FFB SCIENCE STAFF AND COMPARED WITH THE PROPOSED
MILESTONES SUBMITTED WITH THE ORIGINAL GRANT APPLICATION. ATTENTION IS
ALSO GIVEN TO THE PLAN FOR EXPERIMENTS TO BE PERFORMED IN THE COMING
YEAR. ANY PROBLEMS OR ISSUES IDENTIFIED BY THE GRANTEE AND/OR FFB
SCIENTIFIC STAFF ARE RESOLVED TO OUR MUTUAL SATISFACTION; HOWEVER, IF A
CONSENSUS CANNOT BE REACHED OR IF THE APPARENT PROGRESS IS NOT
SATISFACTORY IN THE OPINION OF FFB SCIENTIFIC STAFF, AFTER CONSULTATION
WITH MEMBERS OF THE FFB SCIENTIFIC ADVISORY BOARD, THE GRANT IS
TERMINATED WITH A SHORT PHASE OUT PERIOD.

EACH GRANTEE IS REQUIRED TO SUBMIT A YEARLY FINANCIAL REPORT DETAILING
GRANT EXPENDITURES ACCORDING TO THEIR FFB APPROVED GRANT BUDGET. SCIENCE
STAFF REVIEW EACH FINANCIAL REPORT FOR ADHERENCE TO BUDGETED EXPENDITURES
IN EACH CATEGORY. WITH PROPER DOCUMENTATION AND IF DETERMINED
APPROPRIATE, REQUESTS FOR CARRYOVER OF UNEXPENDED FUNDS TO THE NEXT
FISCAL YEAR ARE REVIEWED AND APPROVED ON A CASE-BY-CASE BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization: **THE FOUNDATION FIGHTING BLINDNESS, INC.**
Employer identification number: **23-7135845**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers 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 Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) 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 entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| MINDSET DIRECT, LLC - 12355 SUNRISE VALLEY DRIVE, RESTON, NNE MARKETING - 754 MASSACHUSETTS AVENUE, | FUNDRAISING COUNSEL | | X | 1,222,995. | 637,105. | 585,890. |
| INTERACTIVE STRATEGIES, LLC - 1133 CONNECTICUT AVENUE, | FUNDRAISING COUNSEL | | X | 114,592. | 37,500. | 77,092. |
| | | | X | 53,279. | 11,760. | 41,519. |
| Total | | | | 1,390,866. | 686,365. | 704,501. |

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.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, ME, MD, MA, MI, MN, MS, NC, NH, NJ, NM, NY, OH
OK, OR, PA, SC, TN, UT, VA, WA, WV, WI

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 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|----------------------------------|---|----------------------|--|
| | | ST. LOUIS DINNER (event type) | NY VISION FOR FUTURE (event type) | 37 (total number) | |
| Revenue | 1 Gross receipts | 483,435. | 263,393. | 5,048,314. | 5,795,142. |
| | 2 Less: Contributions | 431,775. | 208,393. | 4,896,885. | 5,537,053. |
| | 3 Gross income (line 1 minus line 2) | 51,660. | 55,000. | 151,429. | 258,089. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 7,606. | 75,840. | 83,360. | 166,806. |
| | 7 Food and beverages | 62,388. | | 118,330. | 180,718. |
| | 8 Entertainment | 1,800. | | 200. | 2,000. |
| | 9 Other direct expenses | 4,000. | | 207,673. | 211,673. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 561,197. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -303,108. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 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? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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 to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

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? Yes 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, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MINDSET DIRECT, LLC

(I) ADDRESS OF FUNDRAISER: 12355 SUNRISE VALLEY DRIVE, RESTON, VA 20191

(I) NAME OF FUNDRAISER: NNE MARKETING

(I) ADDRESS OF FUNDRAISER: 754 MASSACHUSETTS AVENUE, ARLINGTON, MA 02476

(I) NAME OF FUNDRAISER: INTERACTIVE STRATEGIES, LLC

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE FOUNDATION FIGHTING BLINDNESS, INC.

Employer identification number
23-7135845

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLUMBIA UNIVERSITY 635 WEST 165TH STREET NEW YORK, NY 10032 | 13-5598093 | 501(C)(3) | 496,691. | 0. | | | RESEARCH |
| DUKE UNIVERSITY MEDICAL CENTER 2200 W MAINE STREET DURHAM, NC 27705 | 56-0532129 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |
| EMORY UNIVERSITY 1559 CLIFTON ROAD ATLANTA, GA 30322 | 58-0566256 | 501(C)(3) | 75,000. | 0. | | | RESEARCH |
| FOUNDATION FIGHTING BLINDNESS RD FUND - 6925 OAKLAND MILLS ROAD, #701 - COLUMBIA, MD 21045 | 45-0524687 | 501(C)(3) | 11,939,089. | 0. | | | RESEARCH |
| JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287 | 52-0595110 | 501(C)(3) | 275,000. | 0. | | | RESEARCH |
| MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201 | 39-0806251 | 501(C)(3) | 95,226. | 0. | | | RESEARCH |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2019)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MASSACHUSETTS EYE AND EAR INFIRMARY - 243 CHARLES STREET - BOSTON, MA 02114 | 04-2103591 | 501(C)(3) | 775,000. | 0. | | | RESEARCH |
| MOLECULAR INSIGHT RESEARCH FOUNDATION - 8635 WEST 3RD - LOS ANGELES, CA 90048 | 20-5329822 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |
| OREGON HEALTH AND SCIENCE UNIVERSITY - 3375 TERWILLIGER BOULEVARD, SW - PORTLAND, OR 97201 | 23-7083114 | 501(C)(3) | 398,593. | 0. | | | RESEARCH |
| REGENTS UNIV OF CALIFORNIA 10889 WILSHIRE BLVD LOS ANGELES, CA 90095 | 94-3067788 | 501(C)(3) | 180,615. | 0. | | | RESEARCH |
| RETINA FOUNDATION OF THE SOUTHWEST 9900 NORTH CENTRAL EXPRESSWAY DALLAS, TX 75231 | 51-0151514 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |
| UNIV OF NC CHAPEL HILL 104 AIRPORT DRIVE CHAPEL HILL, NC 27599 | 56-6001393 | 501(C)(3) | 105,000. | 0. | | | RESEARCH |
| UNIVERSITY CALIFORNIA SAN FRANCISCO - 100 STEIN PLAZA - LOS ANGELES, CA 90095 | 95-6006143 | 501(C)(3) | 498,409. | 0. | | | RESEARCH |
| UNIVERSITY HOSPITALS UH GRANTS DEPT 781686 PO BOX 78000 DETROIT, MI 48278 | 34-1567805 | 501(C)(3) | 768,554. | 0. | | | RESEARCH |
| UNIVERSITY OF CALIFORNIA BERKELEY 2150 SHATTUCK AVENUE BERKELEY, CA 94720 | 94-6002123 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92037 | 95-6006144 | 501(C)(3) | 575,000. | 0. | | | RESEARCH |
| UNIVERSITY OF FLORIDA PO BOX 100284 GAINESVILLE, FL 32610 | 59-2729133 | 501(C)(3) | 300,000. | 0. | | | RESEARCH |
| UNIVERSITY OF IOWA 2 GILMORE HALL IOWA CITY, IA 52242 | 23-7436761 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |
| UNIVERSITY OF LOUISVILLE 300 E MARKET STREET LOUISVILLE, KY 40202 | 23-7078461 | 501(C)(3) | 170,752. | 0. | | | RESEARCH |
| UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104 | 23-2810852 | 501(C)(3) | 354,541. | 0. | | | RESEARCH |
| UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15213 | 25-0965591 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |
| UNIVERSITY OF UTAH 75 SOUTH 2000 EAST SALT LAKE CITY, UT 84112 | 87-6000525 | 501(C)(3) | 100,000. | 0. | | | RESEARCH |
| UNIVERSITY OF WASHINGTON 1100 45TH ST NE SEATTLE, WA 98105 | 94-3079432 | 501(C)(3) | 196,127. | 0. | | | RESEARCH |
| UNIVERSITY OF WISCONSIN 21 NORTH PARK STREET MADISON, WI 53715 | 39-0743975 | 501(C)(3) | 259,200. | 0. | | | RESEARCH |

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

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

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

PART I, LINE 2:

EACH GRANTEE IS REQUIRED TO SUBMIT A YEARLY SCIENTIFIC PROGRESS REPORT, WHICH IS REVIEWED BY THE FFB SCIENCE STAFF AND COMPARED WITH THE PROPOSED MILESTONES SUBMITTED WITH THE ORIGINAL GRANT APPLICATION. ATTENTION IS ALSO GIVEN TO THE PLAN FOR EXPERIMENTS TO BE PERFORMED IN THE COMING YEAR. ANY PROBLEMS OR ISSUES IDENTIFIED BY THE GRANTEE AND/OR FFB SCIENTIFIC STAFF ARE RESOLVED TO OUR MUTUAL SATISFACTION; HOWEVER, IF A CONSENSUS CANNOT BE REACHED OR IF THE APPARENT PROGRESS IS NOT SATISFACTORY IN THE OPINION OF

FFB SCIENTIFIC STAFF, AFTER CONSULTATION WITH MEMBERS OF THE FFB SCIENTIFIC

Part IV Supplemental Information

ADVISORY BOARD, THE GRANT IS TERMINATED WITH A SHORT PHASE OUT PERIOD.

EACH GRANTEE IS REQUIRED TO SUBMIT A YEARLY FINANCIAL REPORT DETAILING

GRANT EXPENDITURES ACCORDING TO THEIR FB APPROVED GRANT BUDGET. SCIENCE

STAFF REVIEW EACH FINANCIAL REPORT FOR ADHERENCE TO BUDGETED EXPENDITURES

IN EACH CATEGORY. WITH PROPER DOCUMENTATION AND IF DETERMINED APPROPRIATE,

REQUESTS FOR CARRYOVER OF UNEXPENDED FUNDS TO THE NEXT FISCAL YEAR ARE

REVIEWED AND APPROVED ON A CASE-BY-CASE BASIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

| | |
|--|---|
| Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|--|---|

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) BENJAMIN R. YERXA CEO | 347,340. | 72,474. | 1,586. | 14,213. | 28,018. | 463,631. | 0. |
| (ii) | 61,295. | 12,790. | 280. | 2,508. | 4,944. | 81,817. | 0. |
| (2) PATRICIA DUDLEY CHIEF HUMAN RESOURCE OFFICER | 151,681. | 22,306. | 60,003. | 11,291. | 34,954. | 280,235. | 50,470. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JASON D. MENZO COO | 321,916. | 41,025. | 1,225. | 15,730. | 36,865. | 416,761. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) STEPHEN MARK ROSE SR. SCIENTIFIC ADVISOR (THRU 6/1/20) | 214,788. | 29,904. | 2,688. | 13,318. | 23,767. | 284,465. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) BRIAN MANSFIELD EXEC VP, RESEARCH & INTERIM CSO | 228,184. | 25,499. | 2,318. | 14,118. | 24,532. | 294,651. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) NANCY M. DAVENPORT VP, FINANCE | 165,532. | 12,587. | 594. | 10,687. | 1,226. | 190,626. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) RUSSELL W. KELLEY VP, INVESTMENTS & ALLIANCES | 192,595. | 16,315. | 1,434. | 12,197. | 35,195. | 257,736. | 0. |
| (ii) | 197,261. | 8,100. | 182. | 6,268. | 17,397. | 229,208. | 0. |
| (8) TODD A. DURHAM VP, CLINICAL & OUTCOMES RESEARCH | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) HOPE KESSLER SR. DIRECTOR, MAJOR GIFTS (THRU 3/24) | 235,181. | 13,729. | 5,557. | 4,894. | 22,071. | 281,432. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) CHRISTOPHER S. ADAMS VP, COMMUNICATIONS & MARKETING | 136,584. | 5,400. | 183. | 3,297. | 28,162. | 173,626. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) MICHELE C. DIVINCENZO VP, EVENTS | 127,118. | 9,193. | 600. | 8,435. | 18,777. | 164,123. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) MICHELE O. MERCER SR. DIRECTOR, DATABASE OPERATIONS | 120,525. | 8,126. | 2,045. | 8,215. | 24,832. | 163,743. | 0. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) WILLIAM THOMAS SCHMIDT FORMER CEO | 0. | 0. | 131,800. | 0. | 0. | 131,800. | 85,486. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) ANNETTE M. HINKLE FORMER CFO | 0. | 0. | 182,449. | 0. | 0. | 182,449. | 105,542. |
| (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE FOUNDATION FIGHTING BLINDNESS, INC.** Employer identification number **23-7135845**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 44 | 358,959. | FAIR MARKET |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (EVENT ITEMS) | X | 489 | 202,566. | FAIR MARKET VALUE |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN THIS COLUMN FOR LINE 9 REPRESENTS THE NUMBER OF CONTRIBUTIONS OF STOCK.

SCHEDULE M, LINE 32B:

WHEN DONATED STOCK IS RECEIVED, OUR BROKER MERRILL LYNCH IMMEDIATELY CONVERTS THESE CONTRIBUTIONS INTO CASH.

SCHEDULE O
(Form 990 or 990-EZ)

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

THE FOUNDATION FIGHTING BLINDNESS, INC.

Employer identification number

23-7135845

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

THE URGENT MISSION OF THE FOUNDATION FIGHTING BLINDNESS IS TO DRIVE THE
RESEARCH THAT WILL PROVIDE PREVENTIONS, TREATMENTS AND CURES FOR PEOPLE
AFFECTED BY RETINITIS PIGMENTOSA, AGE-RELATED MACULAR DEGENERATION,
USHER SYNDROME AND THE ENTIRE SPECTRUM OF RETINAL DEGENERATIVE
DISEASES. THE FOUNDATION IS A BEACON FOR THOSE AFFECTED BY THESE
BLINDING DISEASES.

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

DISEASES.

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

PROGRAM IS FUNDING 82 GRANTS BEING CONDUCTED BY MORE THAN 90
INVESTIGATORS AT 67 INSTITUTIONS, EYE HOSPITALS AND UNIVERSITIES IN THE
U.S. AND AROUND THE WORLD. A SAMPLING OF THE RESEARCH PROJECTS FUNDED
ARE LISTED BELOW.

HOMOLOGY-INDEPENDENT GENOME EDITING FOR TREATMENT OF STARGARDT DISEASE

IVANA TRAPANI, PHD, UNIVERSITA DEGLI STUDI DI NAPOLI "FEDERICO II"

NAPLES, ITALY

GENE THERAPY DEVELOPMENT FOR STARGARDT DISEASE IS CHALLENGING BECAUSE

ABCA4, THE MUTATED GENE CAUSING STARGARDT DISEASE, IS TOO LARGE FOR

MOST VIRAL DELIVERY SYSTEMS. DR. TRAPANI IS EVALUATING A HIGHLY

EFFICIENT CRISPR/CAS9 GENE-EDITING TECHNOLOGY - HOMOLOGY INDEPENDENT

TARGETED INSERTION (HITI) - TO ADDRESS MUTATIONS IN ABCA4. HER EARLY

PROOF-OF-CONCEPT STUDIES ARE BEING PERFORMED IN A STARGARDT DISEASE

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

Schedule O (Form 990 or 990-EZ) (2019)

| | |
|---|--|
| Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

MOUSE MODEL AND A THREE-DIMENSIONAL RETINAL ORGANOID IN A DISH.

ADAR-BASED RNA EDITING AS A POTENTIAL THERAPY FOR INHERITED RETINAL

DEGENERATIONS

DROR SHARON, PHD, HADASSAH-HEBREW UNIVERSITY MEDICAL CENTER

MANY EMERGING THERAPIES TARGET MUTATIONS IN OUR GENES - OUR DNA. DR.

SHARON IS INVESTIGATING A NEW TOOL FOR EDITING RNA - THE GENETIC

MESSAGES DERIVED FROM DNA WHICH ARE USED BY OUR CELLS TO PRODUCE

PROTEINS. KNOWN AS "INTRINSIC ADENOSINE DEAMINASE ACTING ON RNA," OR

ADAR, THE TECHNOLOGY SPECIFICALLY ADDRESSES G-TO-A MUTATIONS. DR.

SHARON BELIEVES THAT ABOUT 30 PERCENT OF THE MOST COMMONLY REPORTED

IRD-CAUSING MUTATIONS CAN BE TARGETED FOR ADAR EDITING (MAINLY IN

RELATIVELY LARGE GENES SUCH AS ABCA4 AND USH2A). HIS LAB IS EVALUATING

THE TECHNOLOGY IN CELLS AND MOUSE MODELS OF RETINAL DISEASE.

PRIME EDITING FOR USHER SYNDROME TYPE 2A

BENCE GYORGY, MD, PHD, INSTITUTE OF MOLECULAR AND CLINICAL

OPHTHALMOLOGY BASEL

DR. GYORGY IS DEVELOPING A GENE CORRECTION STRATEGY KNOWN AS PRIME

EDITING, A NOVEL TECHNOLOGY THAT IS IN SOME WAYS SIMILAR TO GENE

EDITING WITH CRISPR/CAS9, BUT POTENTIALLY MORE PRECISE AND EFFICIENT.

INSTEAD OF CUTTING THE DOUBLE STRANDS OF DNA, IT NICKS THE DNA, WHICH

MAY BE A PREFERRED APPROACH TO CORRECTING SINGLE-LETTER MUTATIONS. DR.

GYORGY IS DEVELOPING A PRIME EDITING TREATMENT TO INSERT THE MISSING G

NUCLEOTIDE INTO RETINAL CELLS WITH THE RELATIVELY COMMON USH2A MUTATION

DEL2299G. IN ORDER TO FACILITATE TRANSLATION OF THIS CONCEPT TO THE

CLINIC, HE WILL EVALUATE THE THERAPY IN HUMAN RETINAL EXPLANTS, HUMAN

ENGINEERED RETINAL ORGANOID AND HUMANIZED MOUSE MODELS. IF THE

| | |
|---|--|
| Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

APPROACH IS SUCCESSFUL, IT MAY BE APPLIED TO OTHER MUTATIONS AND IRDS.

CREATION OF NEW MODELS OF INHERITED RETINAL DISEASE IN PIGS

MAUREEN MCCALL, PHD, UNIVERSITY OF LOUISVILLE

THOUGH RODENTS ARE OFTEN USED AS MODELS FOR INHERITED RETINAL DISEASES

(IRDS), THEY ARE LIMITED IN RECAPITULATING HUMAN IRDS BECAUSE THEY

DON'T HAVE CONES, THE RETINAL CELLS THAT ENABLE HUMANS TO PERCEIVE

DETAILS AND COLORS AND SEE IN LIGHTED SETTINGS. PIGS DO HAVE CONES AND

ARE EASY TO ENGINEER TO MODEL IRDS IN HUMANS. DR. MCCALL IS CREATING A

SLOW DEGENERATION PIG MODEL OF RP (RHO-P23H) AS WELL AS A PIG MODEL OF

STARGARDT DISEASE. THE MODELS WILL BE USEFUL FOR EVALUATING EMERGING

THERAPIES IN PREPARATION FOR CLINICAL TRIALS.

GENERATION AND CHARACTERIZATION OF A PIG MODEL OF RETINITIS PIGMENTOSA

(EYS MUTATION)

HEMANT KHANNA, PHD, UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

MUTATIONS IN THE EYS GENE ARE THE SECOND MOST COMMON CAUSE OF AUTOSOMAL

RECESSIVE RP IN HUMANS. HOWEVER, THE INTACT EYS GENE IS ABSENT AND/OR

DISRUPTED IN MANY ANIMALS, INCLUDING MICE AND RATS. THE GENE IS PRESENT

IN PIGS, SO DR. KHANNA AND HIS COLLEAGUES ARE DEVELOPING A PIG MODEL OF

EYS-ASSOCIATED RP, WHICH WILL BE USEFUL IN UNDERSTANDING THE EFFECTS OF

EYS MUTATIONS AND TESTING EMERGING EYS THERAPIES.

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

SCIENTIFIC PROGRESS. THE CONTENT PRODUCED INCLUDES THE LATEST

DEVELOPMENTS IN RESEARCH AND CLINICAL TRIALS, AND PERSONAL STORIES FROM

MEMBERS OF THE FIGHTING BLINDNESS COMMUNITY. ADDITIONALLY, IN MAY THE

FOUNDATION LAUNCHED A NEW QUARTERLY CONTINUING MEDICAL EDUCATION

| | |
|---|--|
| Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

PROGRAM FOCUSED ON PROVIDING TIMELY CONTENT TO EYECARE PROFESSIONALS.

DESPITE THE PANDEMIC, THE FOUNDATION HELD A VIRTUAL NATIONAL VISIONS
CONFERENCE. MORE THAN 24 DISTINGUISHED PANELISTS PRESENTED A TOTAL OF
15 SCIENTIFIC AND LIFESTYLE EDUCATION SESSIONS WITH APPROXIMATELY 1,600
PARTICIPATING IN THE SESSIONS.

CHAPTERS BRING THE FOUNDATION'S MESSAGE AND MISSION TO LIFE. IN FY20
THE FOUNDATION SUPPORTED OVER 40 VOLUNTEER-LED CHAPTERS IN 22 STATES.
THE CHAPTERS HELD 46 SPEAKER PRESENTATIONS, SOCIALS, AND OTHER OUTREACH
ACTIVITIES WHICH NEARLY 1,400 PEOPLE ATTENDED, AND CO-HOSTED FOUR
VISION SEMINARS WITH THE FOUNDATION WHICH NEARLY 500 PEOPLE ATTENDED.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OF FFB ARE KNOWN AS NATIONAL TRUSTEES. THE QUALIFICATIONS AND
ELIGIBILITY FOR MEMBERSHIP AND THE MANNER OF ADMISSION INTO MEMBERSHIP IS
PRESCRIBED BY RESOLUTION OF THE BOARD OF DIRECTORS. THE NATIONAL TRUSTEES
ARE ENTITLED TO VOTE ON ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

DURING THE ANNUAL MEETING OF THE NATIONAL TRUSTEES, MEMBERS OF THE BOARD OF
DIRECTORS ARE ELECTED.

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

DATA TO PREPARE THE FEDERAL FORM 990 IS PROVIDED TO OUR OUTSIDE ACCOUNTING
FIRM FOR PREPARATION AND GUIDANCE. AFTER IT HAS BEEN COMPLETED, A DRAFT OF
THE FEDERAL FORM 990 IS REVIEWED BY THE VP OF FINANCE AND CHIEF OPERATING
OFFICER. WITH THE VP OF FINANCE'S APPROVAL, THE DRAFT FEDERAL FORM 990 IS

| | |
|---|--|
| Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

THEN MADE AVAILABLE TO ALL BOARD MEMBERS. ALL BOARD MEMBERS ARE INVITED TO

ATTEND A SPECIAL MEETING OF THE FINANCE COMMITTEE TO REVIEW THE FEDERAL

FORM 990. A FINAL DRAFT IS MADE AVAILABLE TO ALL BOARD MEMBERS BEFORE

FILING.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON (INCLUDING OFFICERS, DIRECTORS, AND KEY EMPLOYEES) MUST

DISCLOSE, IN WRITING PRIOR TO ANY DISCUSSION OR VOTE UPON A PROPOSAL, THE

EXISTENCE AND NATURE OF HIS OR HER PERSONAL INTEREST TO THE CHAIR OF THE

BOARD AND CHAIR OF THE BOARD COMMITTEE CONSIDERING THE PROPOSED TRANSACTION

OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL

FACTS, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING

WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING

BOARD SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS, AND IF SO, WHETHER

THERE IS A COMPELLING REASON TO RECOMMEND TO THE BOARD THAT THE CONFLICT OF

INTEREST POLICY BE OVERRIDDEN. A QUORUM IS NEEDED FOR VOTING AND THE VOTE

TO OVERRIDE SHALL BE BY MAJORITY AND DULY NOTED IN THE MINUTES.

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

THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS APPROVES THE

COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE

APPROVES THE COMPENSATION OF THE OTHER CHIEF OFFICERS. ON A ROUTINE BASIS,

EXTERNAL DATA PROVIDED BY OUTSIDE EXPERT COMPENSATION CONSULTANTS IS USED

TO MEASURE REASONABLENESS OF SALARIES TO THE MARKET PLACE AND RESULTS ARE

COMMUNICATED BY OUTSIDE CONSULTANTS TO THE BOARD CHAIR/COMPENSATION

COMMITTEE.

| | |
|---|--|
| Name of the organization THE FOUNDATION FIGHTING BLINDNESS, INC. | Employer identification number 23-7135845 |
|---|--|

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, KS, IL, IN, MA, ME, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK

OR, PA, SC, TN, UT, VA, WA, WV, WI, AZ

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

FFB'S FEDERAL FORM 990 AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.FIGHTBLINDNESS.ORG. OTHER PUBLIC DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST THROUGH THE CONTACT INFORMATION DISCLOSED ON FFB'S WEB SITE. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VII, SECTION A:

FFB ACTS AS THE COMMON PAYMASTER FOR THE FOUNDATION FIGHTING BLINDNESS RETINAL DEGENERATION FUND, A RELATED ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---------------|---------|
| GRANT REFUNDS | 90,788. |
|---------------|---------|

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------|---------------------------------------|-------------------------------|------------------------|--|
| (1) | FOUNDATION FIGHTING BLINDNESS RD FUND | B | 11,939,089. | FAIR MARKET VALUE |
| (2) | FOUNDATION FIGHTING BLINDNESS RD FUND | L | 100,000. | FAIR MARKET VALUE |
| (3) | FOUNDATION FIGHTING BLINDNESS RD FUND | O | 426,062. | FAIR MARKET VALUE |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FOUNDATION FIGHTING BLINDNESS RETINAL DEGENERATION FUND

PRIMARY ACTIVITY: FUNDS RESEARCH AND CLINICAL TRIALS TO FIND TREATMENTS

FOR RETINAL DISEASES